

2005 FOR PROFIT CORPORATION ANNUAL REPORT


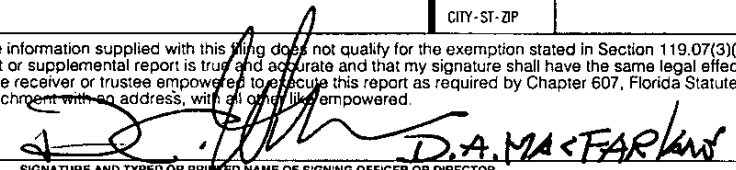
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Apr 12, 2005 8:00 am
Secretary of State

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03292005 Chg-P CR2E034 (10/03)

DOCUMENT # F02000003603					
1. Entity Name ALDEN YACHTS CORPORATION					
Principal Place of Business 1909 ALDEN LANDING PORTSMOUTH, RI 02871			Mailing Address 1909 ALDEN LANDING PORTSMOUTH, RI 02871		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 05-0490677	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ATLASS INSURANCE AGENCY 1300 SE 17TH STREET, STE. 220 FT. LAUDERDALE, FL 33316				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MACFARLANE, DAVID A		NAME	JAMES EWING	
STREET ADDRESS	16 JENNYS LANE		STREET ADDRESS	61 CHURCH ST.	
CITY-ST-ZIP	BARRINGTON, RI 02806		CITY-ST-ZIP	NEWPORT, RI 02840	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BAIERLEIN, RICHARD		NAME	RICHARD CHAPIN	
STREET ADDRESS	4 GOOSENECK COVE		STREET ADDRESS	13 KNUBBLE RD. HC BOX 1440	
CITY-ST-ZIP	NEWPORT, RI 02840		CITY-ST-ZIP	GEORGETOWN, ME 04548	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOND, CORNELIUS		NAME	ROBERT P. HONAFEE	
STREET ADDRESS	PO BOX 920		STREET ADDRESS	200 MAIN ST.	
CITY-ST-ZIP	CULEBRA, RI 00775		CITY-ST-ZIP	MARION, MA 02738	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARR, DAYTON		NAME		
STREET ADDRESS	509 MADISON AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIGLIACCIO, ROBERT A ESQ		NAME		
STREET ADDRESS	56 EXCHANGE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE, RI 02903		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  D.A. MACFARLANE 4/28/05 901-683-4200					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					