2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

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Entity Name: ALDEN YACHTS CORPORATION

Current Principal Place of Business:

1909 ALDEN LANDING
PORTSMOUTH, RI 02871

New Principal Place of Business:

99 POPPASQUASH ROAD
BRISTOL, RI 02809

Current Mailing Address:

1909 ALDEN LANDING
PORTSMOUTH, RI 02871

New Mailing Address:

99 POPPASQUASH ROAD
BRISTOL, RI 02809

FEI Number: 05-0490677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATLASS INSURANCE AGENCY
1300 SE 17TH STREET, STE. 220
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete
Name: MACFARLANE, DAVID A
Address: 16 JENNYS LANE
City-St-Zip: BARRINGTON, RI 02806

Title: D ( ) Delete
Name: BAIERLEIN, RICHARD
Address: 4 GOOSENECK COVE
City-St-Zip: NEWPORT, RI 02840

Title: V ( ) Delete
Name: EWING, JAMES
Address: 61 CHURCH ST
City-St-Zip: NEWPORT, RI 02840

Title: D ( ) Delete
Name: CARR, DAYTON
Address: 509 MADISON AVE.
City-St-Zip: NEW YORK, NY 10022

Title: S ( ) Delete
Name: MIGLIACCIO, ROBERT A ESQ
Address: 56 EXCHANGE TERRACE
City-St-Zip: PROVIDENCE, RI 02903

Title: D ( ) Delete
Name: CHAPIN, RICHARD
Address: 13 KNUBBLE RD, HC BOX 1440
City-St-Zip: GEORGETOWN, ME 04548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: EWING, JAMES
Address: 192 SAKONNET DRIVE
City-St-Zip: PORTSMOUTH, RI 02871

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: GUIDA, PATRICK
Address: TEN WEYBOSSET STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. MACFARLANE CPT 04/04/2007

Electronic Signature of Signing Officer or Director — Date