

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003733

FILED
Jun 15, 2009
Secretary of State

Entity Name: ALLSTATES AIR CARGO, INC.

Current Principal Place of Business:

4 LAKESIDE DRIVE SOUTH
FORKED RIVER, NJ 08731

New Principal Place of Business:

1 PELICAN DRIVE
SUITE #1
BAYVILLE, NJ 08721

Current Mailing Address:

4 LAKESIDE DRIVE SOUTH
FORKED RIVER, NJ 08731

New Mailing Address:

1 PELICAN DRIVE
SUITE #1
BAYVILLE, NJ 08721

FEI Number: 22-1715393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANNER, KENDRA
13053 PENSHURST LANE
WINDERMERE, FL 34786 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DI GIRALOMO, SAM D
Address: 4 LAKESIDE DRIVE SOUTH
City-St-Zip: FORKED RIVER, NJ 08731

Title: DV () Delete
Name: THEILE, BARTON C
Address: 4 LAKESIDE DRIVE SOUTH
City-St-Zip: FORKED RIVER, NJ 08731

Title: SD () Delete
Name: STRATTON, CRAIG D
Address: 4 LAKESIDE DRIVE SOUTH
City-St-Zip: FORKED RIVER, NJ 08731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DI GIRALOMO, SAM D
Address: 1 PELICAN DRIVE
City-St-Zip: BAYVILLE, NJ 08721

Title: DV (X) Change () Addition
Name: THEILE, BARTON C
Address: 1 PELICAN DRIVE
City-St-Zip: BAYVILLE, NJ 08721

Title: SD (X) Change () Addition
Name: STRATTON, CRAIG D
Address: 1 PELICAN DRIVE
City-St-Zip: BAYVILLE, NJ 08721

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG D. STRATTON

CFO

06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date