


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000001915  
 1. Entity Name  
 TRANSATLANTIC LINES TUGHOLDINGS INC.



Principal Place of Business      Mailing Address  
 6 LINCOLN AVENUE                      6 LINCOLN AVENUE  
 GREENWICH, CT 06830                      GREENWICH, CT 06830

**DO NOT WRITE IN THIS SPACE**



02022006    No Chg-F    CR2E034 (11/05)

4. FEI Number 20-0897167	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000489434  
 04/11/06-80121-018 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ROSE, BRANDON C 6 LINCOLN AVENUE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KJAERNESTED, GUOMUNDUR 6 LINCOLN AVENUE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOZZI, MARGARET E 6 LINCOLN AVENUE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSE, DOUGLAS F JR. 6 LINCOLN AVENUE GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_      3/22/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #