2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N93000002453

Entity Name: AMERICAN ALLIGATOR CYCLE OF PROTECTION, INC.

Current Principal Place of Business:

15911 LAKE IOLA RD
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1637
DADE CITY, FL 335261637 US

New Mailing Address:

FEI Number: 59-3211965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FAGAN, J.M. (MIKE)
15911 LAKE IOLA RD
DADE CITY, FL 33523 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

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	FAGAN, J.M. (MIKE)	
Address:	15911 LAKE IOLA RD	
City-St-Zip:	DADE CITY, FL 33523	
Title:	D	( ) Delete
Name:	MCMILLAN, GENE	
Address:	9751 W BAHI VISTA	
City-St-Zip:	FORT MYERS, FL 33917	
Title:	D	( ) Delete
Name:	RAGUSA, MIKE	
Address:	PO BOX 2892	
City-St-Zip:	HAMMOND, LA 70404	
Title:	D	( ) Delete
Name:	LAWHEAD, LYNANNE	
Address:	PO BOX 986	
City-St-Zip:	DADE CITY, FL 33526	
Title:	ST	( ) Delete
Name:	WILLIAMS, TIM	
Address:	6517 CHIPPENDALE	
City-St-Zip:	LAKELAND, FL 33809	
Title:	D	( ) Delete
Name:	ACKERLY, JOHN	
Address:	P O BOX 2000 N/A	
City-St-Zip:	MULBERRY, FL 33860	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.M. (MIKE) FAGAN DP 05/01/2006

Electronic Signature of Signing Officer or Director — Date