2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State
05-25-2007 90028 039 ***150.00

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1. Entity Name
ALLIGATOR MEAT, INC.

Principal Place of Business	Mailing Address
3701 AMBERMIST DRIVE TAMPA, FL 33619	3701 AMBERMIST DRIVE TAMPA, FL 33619

04132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9210 Taylor Rd.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEFFNER, FL	City & State: SAME
Zip: 33584 Country: USA	Zip: SAME Country: SAME

4. FEI Number: 57-1151329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARPENTER, E. CHARLES 3701 AMBERMIST DRIVE TAMPA, FL 33619	Name: Carpenter E Charles Street Address (P.O. Box Number is Not Acceptable): 9210 Taylor Rd City: SEFFNER, FL Zip Code: 33584

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 ______________________ DATE 4/26/07

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARPENTER, E. CHARLES JR		NAME	
STREET ADDRESS	3701 AMBERMIST DRIVE		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARPENTER, EDWARD		NAME	
STREET ADDRESS	6119 BLACK DAIRY RD		STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #