


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
Secretary of State

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| DOCUMENT # P03000126774 1. Entity Name ALLIGATOR HOLDINGS, INC. |  |
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| Principal Place of Business 9030 W FORT ISLAND TRAIL STE 5 CRYSTAL RIVER, FL 34429 | Mailing Address 9030 W FORT ISLAND TRAIL STE 5 CRYSTAL RIVER, FL 34429 |
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DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

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|---|-----------------------------------|
| 4. FEI Number 05-0591818 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GREEN, JAMES DAVID ESQ.
9030 W FORT ISLAND TRAIL STE 5
CRYSTAL RIVER, FL 34429

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT LEE, CATHERINE 715 EDGEWATER DR. GARNER, NC 27529 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS LEE, RICHARD 715 EDGEWATER DR. GARNER, NC 27529 |
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01/24/08-80016-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Catherine Lee 1-19-08 919 772 2024
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR Date Daytime Phone #