2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S98256

FILED Apr 29, 2004 Secretary of State

Entity Name: ALLIGATOR INTERNATIONAL AIRLINES, INC

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
200 PATR NAPLES, I	IOT WAY FL 34104	US			
Current N	lailing Addı	ress:	New Mailing Address	s:	
200 PATR NAPLES, I	IOT WAY FL 34104	US			
FEI Number	:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	l Address o	f Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
LENNANE	, JAMES P				
200 PATR NAPLES, I The above	ÍOT WAY FL 34104	US ty submits this statement for the	e purpose of changing its registered	d office or registered agent, or both,	
200 PATR NAPLES, I The above	ÍOT WAY FL 34104 e named entif e of Florida. RE:	ty submits this statement for the		d office or registered agent, or both,	
200 PATR NAPLES, I The above in the State SIGNATUI	ÍOT WAY FL 34104 e named entif e of Florida. RE: Electr	ty submits this statement for the ronic Signature of Registered A		d office or registered agent, or both, Date	
200 PATR NAPLES, I The above in the State SIGNATUI	ÍOT WAY FL 34104 e named entif e of Florida. RE: Electr	ty submits this statement for the			
200 PATR NAPLES, I The above in the State SIGNATUI	ÍOT WAY FL 34104 e named entif e of Florida. RE: Electr	ty submits this statement for the ronic Signature of Registered Asing Trust Fund Contribution ().	Agent		
200 PATR NAPLES, I The above in the State SIGNATUI	ÍOT WAY FL 34104 e named entir e of Florida. RE: Electr mpaign Finance S AND DIRE	ty submits this statement for the ronic Signature of Registered Asing Trust Fund Contribution (). ECTORS: () Delete AMES P ON DRIVE	Agent	Date	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETTE BYOUK T 04/29/2004