

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006584

FILED
Jan 08, 2008
Secretary of State

Entity Name: ASTRALEASE ASSOCIATES, INC.

Current Principal Place of Business:

200 MOTOR PARKWAY, SUITE D-21
HAUPPAUGE, NY 11788

New Principal Place of Business:

Current Mailing Address:

200 MOTOR PARKWAY, SUITE D-21
HAUPPAUGE, NY 11788

New Mailing Address:

FEI Number: 11-3007351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BERTSCH, DON E
Address: 3 ARTHUR PLACE
City-St-Zip: SMITHTOWN, NY 11787

Title: VCST () Delete
Name: ROACH, JOSEPH
Address: 9 SALT MEADOW ROAD
City-St-Zip: BABYLON, NY 11702

Title: D () Delete
Name: MORGENSTERN, ROBERT
Address: 25 WINFIELD DAVID DRIVE
City-St-Zip: CORAM, NY 11727

Title: D () Delete
Name: BRANNIGAN, MICHAEL
Address: 63 MAYFLOWER AVENUE
City-St-Zip: MASSAPEQUA PARK, NY 11762

Title: VP () Delete
Name: MELNICK, STACEY
Address: 156 WILLOW WOOD DRIVE
City-St-Zip: OAKDALE, NY 11769

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:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY MELNICK

VP

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date