

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082849

FILED
Mar 08, 2007
Secretary of State

Entity Name: AST SOLUTIONS, INC.

Current Principal Place of Business:

5440 NW 33RD AVE
STE 103
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5440 NW 33RD AVE
STE 103
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1144563 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANNELLY & COMPANY, PA
5440 NW 33RD AVE
STE 103
FORT LAUDERDALE, FL 33309 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: PSTD () Delete
Name: ASTERN, CHERYL
Address: 5011 SPRINGDALE DRIVE
City-St-Zip: SUMMERVILLE, SC 29485

Title: VP/D () Delete
Name: ASTERN, LAUREN
Address: 2337 NORTH CENTRAL AVENUE #203
City-St-Zip: KISSIMEE, FL 34741 US

Title: VP/D () Delete
Name: ASTERN, KRISTYN
Address: 9013 NW 38TH DRIVE #109
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/D (X) Change () Addition
Name: ASTERN, LAUREN
Address: 5440 NW 33 AVE STE 103
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VP/D (X) Change () Addition
Name: ASTERN, KRISTYN
Address: 5440 NW 33 AVE STE 103
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL ASTERN

PRES

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date