

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 12, 2005
Secretary of State**

DOCUMENT# P94000020215

Entity Name: ASTRON DISTRIBUTION, INC.

Current Principal Place of Business:

349 NW 16 STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

349 NW 16 STREET
SUITE # 107
BELLE GLADE, FL 33430

Current Mailing Address:

349 NW 16 STREET
BELLE GLADE, FL 33430

New Mailing Address:

349 NW 16 STREET
SUITE # 107
BELLE GLADE, FL 33430

FEI Number: 65-0479965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOIANGIN, DAN
349 NW 16 STREET
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

BOIANGIN, DAN C MR.
349 NW 16 STREET
SUITE # 107
BELLE GLADE, FL 33430 US

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: DAN C. BOIANGIN 10/12/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOIANGIN, DAN
Address: 349 NW 16 STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: STD () Delete
Name: MEIVOGEL, EDWARD
Address: 349 NW 16 STREET
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOIANGIN, DAN C MR.
Address: 349 NW 16 STREET, SUITE # 107
City-St-Zip: BELLE GLADE, FL 33430

Title: STD (X) Change () Addition
Name: MEIVOGEL, EDWARD D MR.
Address: 349 NW 16 STREET, SUITE # 107
City-St-Zip: BELLE GLADE, FL 33430

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: EDWARD D. MEIVOGEL STD 10/12/2005
Electronic Signature of Signing Officer or Director Date