

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001090

FILED
Feb 28, 2006
Secretary of State

Entity Name: ASTRO INTERIOR CONTRACTING, INC.

Current Principal Place of Business:

5517 OAKDALE RD.
SUITE C
MAPLETON, GA 30126

New Principal Place of Business:

5517 OAKDALE RD.
MAPLETON, GA 30126

Current Mailing Address:

5517 OAKDALE RD.
SUITE C
MAPLETON, GA 30126

New Mailing Address:

P.O. BOX 189
MAPLETON, GA 30126

FEI Number: 59-1999819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 323510000 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: P () Delete
Name: CLARK, TERRY
Address: 5517 OAK DALE SUITE C
City-St-Zip: MAPLETON, GA 30126

Title: S () Delete
Name: CLARK, BECKY
Address: 5517 OAK DALE SUITE C
City-St-Zip: MAPLETON, GA 30126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: BECKY CLARK

S

02/28/2006

Electronic Signature of Signing Officer or Director

_____ Date