2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001102

Entity Name: AIRSTAR AMERICA INC.

FILED Mar 31, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

10255 EENERAL DR 10255 GENERAL DR

STE 6A STE 6A ORLANDO, FL 32824 ORLANDO, FL 32824

Current Mailing Address: New Mailing Address:

10950 BURBANK BLVD 10255 GENERAL DR

NORTH HOLLYWOOD, CA 91601 STE 6A

ORLANDO, FL 32824

FEI Number: 95-4677878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PETERS, DAVE MOHEN, DAVID E 11100 ASTRONAUT BLVD MOHEN, DAVID E 10255 GENERAL DR

SUITE 100 STE 6A
ORLANDO, FL 32837 US ORLANDO, FL 32824 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: DAVID E MOHEN 03/31/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

Name: BEYLIER, BENOIT Name: BEYLIER, BENOIT
Address: 10950 BURBANK BLVD Address: ZA CHAMP 7 LAUX

City-St-Zip: NORTH HOLLYWOOD, CA 91601 US City-St-Zip: 38190 CHAMP PRES FROGES, FR 38190 FR

Title: SECR () Delete Title: () Change () Addition

 Name:
 PETERS, DAVE
 Name:

 Address:
 11100 ASTRONAUT BLVD, SUITE 100
 Address:

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:

Title: TREA () Delete Title: () Change () Addition

 Name:
 PRITCHARD, DEAN
 Name:

 Address:
 10950 BURBANK BLVD
 Address:

 City-St-Zip:
 NORTH HOLLYWOOD, CA 91601
 City-St-Zip:

Title: VP () Delete Title: EVP (X) Change () Addition

 Name:
 CHABERT, PIERRE
 Name:
 MOHEN, DAVID

 Address:
 10950 BURBANK BLVD
 Address:
 10255 GENERAL DR STE 6A

 City-St-Zip:
 NORTH HOLLYWOOD, CA 91601
 City-St-Zip:
 ORLANDO, FL 32824

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: DAVID E MOHEN EVP 03/31/2008