

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006584

1. Entity Name
ASTRALEASE ASSOCIATES, INC.



Principal Place of Business

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

Mailing Address

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



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3007351

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000585159
01/12/07-80066-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BERTSCH, DON E 3 ARTHUR PLACE SMITHTOWN, NY 11787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCST ROACH, JOSEPH 9 SALT MEADOW ROAD BABYLON, NY 11702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGENSTERN, ROBERT 25 WINFIELD DAVID DRIVE CORAM, NY 11727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNIGAN, MICHAEL 63 MAYFLOWER AVENUE MASSAPEQUA PARK, NY 11762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MELNICK, STACEY 156 WILLOW WOOD DRIVE OAKDALE, NY 11769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07

621 205
8423