

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J25112

Entity Name: ASTOR & COMPANY, INC.

FILED
Dec 12, 2006
Secretary of State

Current Principal Place of Business:

18350 PAULSON DR.
B-4
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

4415 CHURCH STREET
PORT CHARLOTTE, FL 33980

Current Mailing Address:

P.O. BOX 496104
PORT CHARLOTTE, FL 339496104 US

New Mailing Address:

FEI Number: 59-2700588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLDSTEIN, DAVID B
26462 PATERA AVE.
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

KAMEN, DAVID
1685 SHEEHAN BLVD
PORT CHARLOTTE, FL 33952 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 KAMEN

12/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOLMES, JOSEPH
Address: 1607 ULTRAMARINE LANE
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: HOLMES, CONSTANCE V
Address: 1607 ULTRA MARINE LANE
City-St-Zip: PUNTA GORDA, FL 33983

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KAMEN, DAVID
Address: 4415 CHURCH ST
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D (X) Change () Addition
Name: SNIPIES, JEAN
Address: 4415 CHURCH ST
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Change (X) Addition
Name: KAMEN, JOSE E
Address: 1685 SHEEHAN BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952

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: DAVID KAMEN

DP

12/12/2006

Electronic Signature of Signing Officer or Director

Date