2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L31938

Entity Name: ASTRA, INC.

FILED Apr 12, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

1700 NW 65 AVE 1660 NW 65 AVE

SUITE 7 SUITE 1

PLANTATION, FL 33313 US PLANTATION, FL 33313 US

Current Mailing Address: New Mailing Address:

1700 NW 65 AVE 1660 NW 65 AVE

SUITE 7 SUITE 1

PLANTATION, FL 33313 US PLANTATION, FL 33313 US

FEI Number: 65-0324200 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:

TOM PRZYBOJEWSKI
1700 NW 65 AVE
1660 NW 65 AVE

SUITE 7 SUITE 1

PLANTATION, FL 33313 US PLANTATION, FL 33313 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: 04/12/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title: PRZYBOJEWSKI, THOMAS, R. PRZYBOJEWSKI, THOMAS, R. Name: Name: 1700 NW 65 AVE., STE 7 1660 NW 65 AVE., STE 1 Address: Address: City-St-Zip: PLANTATION, FL 33313 City-St-Zip: PLANTATION, FL 33313

Title: D () Delete Title: () Change () Addition

 Name:
 GORDON, MARK W
 Name:

 Address:
 19911 NE 10TH PLACE WAY
 Address:

 City-St-Zip:
 N. MIAMI BEACH, FL 33179
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 BERMANN, PEDRO
 Name:

 Address:
 2131 NE 202 ND STREET
 Address:

 City-St-Zip:
 N MIAMI BEACH, FL 33179
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 COLLINS, RON
 Name:

 Address:
 C/O J CULLEN CPA, -7411 MIAMI LAKES DRIVE
 Address:

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:

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: THOMAS R PRZYBOJEWSKI PRES 04/12/2008