

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2006  
Secretary of State**

DOCUMENT# N02000009797

Entity Name: ASTAR CSC, INC.

**Current Principal Place of Business:**

1500 CORDOVA RD.  
SUITE 200  
FORT LAUDERDALE, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1304 SW 160TH AVE  
PMB 631  
FORT LAUDERDALE, FL 33326

**New Mailing Address:**

FEI Number: 42-1565034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WOOD, JEFFREY S  
C/O MAY MEACHAM & DAVELL, P.A.  
ONE FINANCIAL PLAZA, STE 2602  
FT LAUDERDALE, FL 33394 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

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: WOLTER, MARGARET  
Address: 600 PALM BLVD  
City-St-Zip: WESTON, FL 33326

Title: DT ( ) Delete  
Name: LEVINSON, MARY  
Address: 1217 SE 3RD AVE  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: DV ( ) Delete  
Name: PARSON, CYNTHIA  
Address: 440 NE 17TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: ROSE, HENRY  
Address: 1304 SW 160TH AVE, SUITE 631  
City-St-Zip: SUNRISE, FL 33326

Title: D (X) Delete  
Name: HILL, LUCILLE  
Address: 3210 NW 16TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET WOLTER

DPS

04/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date