

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008289

FILED  
Aug 30, 2007  
Secretary of State

Entity Name: ASTAAR, INC.

**Current Principal Place of Business:**

517 WEST OCEAN BLVD.  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2352  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 36-4540070      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

GORMAN, CHELSEA R  
517 WEST OCEAN BLVD.  
STUART, FL 34994      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: RUSSELL, KENNETH J  
Address: 4111 BARBAROSSA AVE.  
City-St-Zip: MIAMI, FL 33133

Title: SEC ( ) Delete  
Name: EDWARDS, RANDALL L  
Address: 848 CRONE ROAD  
City-St-Zip: MEMPHIS, IN 47143

Title: D ( ) Delete  
Name: MCINTOSH, ROBERT  
Address: 848 CRONE ROAD  
City-St-Zip: MEMPHIS, IN 47143

Title: TR ( ) Delete  
Name: JEMISON, RICHARD  
Address: 1904 ST. ANDREWS DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: D ( ) Delete  
Name: JEMISON, FAYE  
Address: 1904 ST. ANDREWS DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: DIR ( ) Delete  
Name: HEART, JOAN  
Address: 517 WEST OCEAN BLVD.  
City-St-Zip: STUART, FL 34994

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN HEART

DIRE

08/30/2007

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

\_\_\_\_\_  
Date