

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008289

FILED
May 26, 2009
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 ()
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: 303 CASTLEVIEW DRIVE
City-St-Zip: LOUISVILLE, KY 40207

Title: D () Delete
Name: MCINTOSH, ROBERT
Address: 303 CASTLEVIEW DRIVE
City-St-Zip: LOUISVILLE, KY 40207

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
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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: CHELSEA R. GORMAN

RA

05/26/2009

Electronic Signature of Signing Officer or Director

Date