


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P36993
 1. Entity Name
 ASTEC AMERICA INC.



Principal Place of Business Mailing Address
 5810 VAN ALLEN WAY 5810 VAN ALLEN WAY
 CARLSBAD, CA 92008 US CARLSBAD, CA 92008 US

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 36-2930831 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GELDMACHER, JAY L.
STREET ADDRESS	5810 VAN ALLEN WY
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	V
NAME	HARDY, JOHN
STREET ADDRESS	5810 VAN ALLEN WY
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	D
NAME	HARTLEB, WILLIAM E
STREET ADDRESS	5810 VAN ALLEN WY
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	T
NAME	ROSENAST, TOM
STREET ADDRESS	5810 VAN ALLEN WY
CITY-ST-ZIP	CARLSBAD, CA 92008
TITLE	S
NAME	SMITH, HARLEY
STREET ADDRESS	8100 W. FLORISSANT AVE., PO BOX 3946
CITY-ST-ZIP	SAINT LOUIS, MO 631360546
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000531828
 05/06/06-80061-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. Hartleb 4/14/06 (760) 930-4787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #