


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P36993</b> 1. Entity Name <b>ASTEC AMERICA INC.</b>	
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Principal Place of Business <b>5810 VAN ALLEN WAY CARLSBAD, CA 92008 US</b>	Mailing Address <b>5810 VAN ALLEN WAY CARLSBAD, CA 92008 US</b>
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01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-2930831</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GELDMACHER, JAY L. 5810 VAN ALLEN WY CARLSBAD, CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARDY, JOHN 5810 VAN ALLEN WY CARLSBAD, CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEB, WILLIAM E 5810 VAN ALLEN WY CARLSBAD, CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENAST, TOM 5810 VAN ALLEN WY CARLSBAD, CA 92008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, HARLEY 8100 W. FLORISSANT AVE., PO BOX 3946 SAINT LOUIS, MO 631360546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000531828 05/06/06-80061-007 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>W. Hartleb</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/14/06 (760) 930-4787 Date Daytime Phone #
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