

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000082024

Entity Name: ASTRO TECH, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 621074
ORLANDO, FL 32862

New Principal Place of Business:

5019 DORIAN AVENUE
ORLANDO, FL 32812

Current Mailing Address:

P.O. BOX 621074
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 59-3210523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DYER, W THOMAS
414 NORTH FERNCREEK AVENUE
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: WILKINSON, HAROLD S
Address: 5019 DORIAN AVE.
City-St-Zip: ORLANDO, FL 32812

Title: VT () Delete
Name: WILKINSON, HAROLD S
Address: 5019 DORIAN AVE.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: HAROLD S. WILKINSON

DPS

04/30/2007

Electronic Signature of Signing Officer or Director

Date