2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# P96000100209

Entity Name: ASTRAL PRODUCTS, INC.

Current Principal Place of Business:

8003 WESTSIDE INDUSTRIAL DRIVE
JACKSONVILLE, FL 32220

New Principal Place of Business:

8003 WESTSIDE INDUSTRIAL DRIVE
JACKSONVILLE, FL 32219

Current Mailing Address:

8003 WESTSIDE INDUSTRIAL DRIVE
JACKSONVILLE, FL 32220

New Mailing Address:

8003 WESTSIDE INDUSTRIAL DRIVE
JACKSONVILLE, FL 32219

FEI Number: 59-3416185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOURTER WHITE BOGGS CENTER, P.A.
50 N LAURA ST
SUITE 2200
JACKSONVILLE, FL 32202 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: P ( ) Delete
Name: BALLART, PEDRO
Address: 8003 WESTSIDE INDUSTRIAL DR
City-St-Zip: JACKSONVILLE, FL 32219

Title: ST ( ) Delete
Name: VERGES, PILAR
Address: 8003 WESTSIDE INDUSTRIAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32220

Title: C ( ) Delete
Name: PLANES, ELOY
Address: 8003 WESTSIDE INDUSTRIAL DR
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: POSSE, CAMILO
Address: 8003 WESTSIDE INDUSTRIAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAMILO POSSE D 04/10/2006

Electronic Signature of Signing Officer or Director — Date