


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 823134 1. Entity Name ASTRO PAK CORPORATION	
--	---

Principal Place of Business 270 EAST BAKER STREET STE 100 COSTA MESA, CA 92626 US	Mailing Address 270 EAST BAKER STREET STE 100 COSTA MESA, CA 92626 US
--	--



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2578303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DRESSLER, DEAN R 21212 HILLSDALE LANE HUNTINGTON BEACH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROLL, DARYL 12001 SHADY ACRE GARDEN GROVE, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERHEYEN, KENNETH S 1501 GALXY NEWPORT BCH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOWELL, TIMOTHY 27652 FT LOULOUSE CT DAPHNE, AL 36526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000781846
 01/15/08-80050-015 150.00

DO NOT WRITE IN THIS SPACE

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: Dean R Dressler 1-4-08 (949)270-0604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #