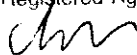
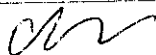


No. W 15561	Due no later than Jun 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX CENTRAL DELAWARE CORPORAT 2600 A EAST SELTICE WAY #223 Pacific Registered Agents POST FALLS, ID 838542691 N. Bob cat Way, Meridian, ID 83642 3. <u>New</u> Registered Agent Signature 											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ASTRON LIMITED CO. DANA & KATE 12260 WILLOW GROVE RD BLDG#2 942 Windemere Dr. NW CAMDEN, DE 19934 Salem, OR 97304													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>C.A. Eclat Solutions Ltd.,</td> <td>60 Market Square,</td> <td>POB 364,</td> <td>Belize City,</td> <td>Belize</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MANAGER	C.A. Eclat Solutions Ltd.,	60 Market Square,	POB 364,	Belize City,	Belize
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
MANAGER	C.A. Eclat Solutions Ltd.,	60 Market Square,	POB 364,	Belize City,	Belize									
5. Organized Under the Laws of: IDAHO W 15561	6.  Signature _____ Date <u>7/12/05</u> Name <small>(Typed or Printed)</small> <u>Charles F. Mathias</u> Title <u>Authorized Person</u>													