

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90009 027 ****70.00

DOCUMENT # N03000006148

1. Entity Name
CELESTIALSOUNDS, INC.



Principal Place of Business
 2437 LANRELL DR
 TALLAHASSEE, FL 32303

Mailing Address
 2437 LANRELL DR
 TALLAHASSEE, FL 32303

54036762



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

54-2121947

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANTHAM, CELESTINE
 2437 LANRELL DR
 TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **CEO** Delete
 NAME **BRANTHAM, CELESTINE**
 STREET ADDRESS **2437 LANRELL DR**
 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **ST** Delete
 NAME **BROWN, W. REBECCA**
 STREET ADDRESS **7804 PRESERVATION RD**
 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **D** Delete
 NAME **STRINGER, LINDA**
 STREET ADDRESS **2731 BLAIR STONE RD #G170**
 CITY-ST-ZIP **TALLAHASSEE, FL**

TITLE **D** Delete
 NAME **BARRINGTON, HELENE**
 STREET ADDRESS **6245 HINES HILL CIR**
 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **D** Delete
 NAME **BARRINGTON, KENNITH**
 STREET ADDRESS **6245 HINES HILL CIR**
 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CEO** Change Addition
 NAME **GRANTHAM CELESTINE, CEO**
 STREET ADDRESS **2437 LANRELL DR**
 CITY-ST-ZIP **TALLAHASSEE, FL 32303** [correct spelling of name]

TITLE **TREASURER** Change Addition
 NAME **BROWN, W. REBECCA**
 STREET ADDRESS **7804 PRESERVATION RD**
 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **SECRETARY** Change Addition
 NAME **STRINGER, LINDA**
 STREET ADDRESS **P.O. BOX 6386**
 CITY-ST-ZIP **TALLAHASSEE, FL 32314**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 850-487-1283

Date

Daytime Phone #