


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006148 1. Entity Name CELESTIALSOUNDS, INC.	
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FILED
07 MAY -1 PM 2: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5137 GRANDVIEW CT TALLAHASSEE, FL 32303	Mailing Address 5137 GRANDVIEW CT TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number 54-2121947	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 TURNER, CELESTINE G CEO 5137 GRANDVIEW CT 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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CEO TURNER, CELESTINE G <input type="checkbox"/> Delete	TITLE	D Cork, Michael <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5137 GRANDVIEW CT	STREET ADDRESS	5430 Water Valley Ct
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	T BROWN, W. REBECCA <input type="checkbox"/> Delete	TITLE	D Turner, Henry Jr. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7804 PRESERVATION RD	STREET ADDRESS	5137 Grandview Ct
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	S STRINGER, LINDA <input type="checkbox"/> Delete	TITLE	<i>03/31</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. BOX 6886	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32314	CITY-ST-ZIP	
TITLE	D BARRINGTON, HELENE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6245 HINES HILL CIR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	
TITLE	D BARRINGTON, KENNITH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6245 HINES HILL CIR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	700101631307
CITY-ST-ZIP		CITY-ST-ZIP	05/07/07--01004--028 **61.25

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 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: *Celestine G Turner* 850-497-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #