2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 04, 2008 08:00 AN Secretary of State DOCUMENT # P02000091090 1. Entity Name TEMPO! MUSIC THERAPY SERVICES OF FLORIDA. INC. Principal Place of Business Mailing Address 811 VIRGINIA AVE. TARPON SPRINGS FL 34689 811 VIRGINIA AVE. TARPON SPRINGS FL 34689 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 54-2068084 Not Applicable ZiD Country Z_{10} Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAHN WEAVER, ANNA Street Address (P.O. Box Number is Not Acceptable) 811 VIRGINIA AVE. TARPON SPRINGS FL 34689 City 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 prened tians) of registered agent and title it as pleasie. (NOTE: Registered Agont espentare required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition MAME HAHN WEAVER, ANNA NAME STREET ADDRESS 811 VIRGINIA AVE. STREET ADDRESS TARPON SPRINGS FL 34689 CiTY~ \$1-712 CITY-ST-7IP -20029-00**8**0 **du56**0, 007 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP IIILi Delete TITLE Change [] Addition NAME MAME STREET ADDRESS STREET ADDRESS City-St-Zia CITY-ST-ZIP 1010 Delete ☐ Change TIFLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUE Delete TITLE ☐ Change Addition STRELT ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day: пю Епопе в