


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 637714

1. Entity Name
ANTARES MUSIC CORP.



Principal Place of Business Mailing Address

PO BOX 11321 PO BOX 11321
 ST PETERSBURG, FL 33733 US ST PETERSBURG, FL 33733 US

DO NOT WRITE IN THIS SPACE



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1945133 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KLIMP, SUSAN J
4332 TENTH STREET NORTH
SAINT PETERSBURG, FL 33703

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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 retaining)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-STATE-ZIP	PD KLIMP, SUSAN 4332 TENTH STREET NORTH SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD SMITH, MARY-JANE 4533 THIRD ST NORTH SAINT PETERSBURG, FL 33703
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 05/12/06-AN038-002 150.00

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: Susan J. Klimp Date: 4/28/06 121-526-7347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT