## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L62627

Entity Name: COMMUNITY PIANO INC.

524 ELIZABETH PLACE

DAYTONA BEACH, FL

Address: City-St-Zip: FILED Jul 25, 2006 Secretary of State

Littly Na	ine. Colvilvic	INIT I FIANO, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TE AVENUE LL, FL 32117	US	524 ELIZABETH PLAC SOUTH DAYTONA, FI		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TE AVENUE LL, FL 32117		PO BOX 214205 SOUTH DAYTONA, FL	_ 32121 US	
FEI Number	: 59-3012643	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
326 SOUT DAYTONA The above	N, RONALD N H GRANDVIE BEACH, FL named entity of Florida.	EW AVENUE 32118 US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( PEARSON, W 524 ELIZABE <sup>*</sup> DAYTONA BE	TH PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( PEARSON, HE 524 ELIZABE DAYTONA BE	TH PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TD ( PEARSON, TY	)Delete ′RRELL,	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WALTER PEARSON PD 07/25/2006