2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# N00000004839

Entity Name: THE MASSOACOUSTICS INSTITUTE, INC.

Current Principal Place of Business:

198 EAST CARROLL STREET (OCEANSIDE)
ISLAMORADA, FL 330361920

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1920
ISLAMORADA, FL 330361920

New Mailing Address:

FEI Number: 65-1031285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUNZ, DANIEL W DR.
198 EAST CARROLL STREET (OCEANSIDE)
ISLAMORADA, FL 330361920 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	KUNZ, DANIEL W DR.	
Address:	198 EAST CARROLL STREET (OCEANSIDE)	
City-St-Zip:	ISLAMORADA, FL 330361920	
Title:	D	( ) Delete
Name:	HELMKIN, GEORGE	
Address:	199 EAST CARROLL STREET (OCEANSIDE)	
City-St-Zip:	ISLAMORADA, FL 330361920	
Title:	D	( ) Delete
Name:	VIECELI, PAULA	
Address:	132 NAVAJO ST.	
City-St-Zip:	TAVERNIER, FL 33070	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. DANIEL W. KUNZ PRES 04/04/2005

Electronic Signature of Signing Officer or Director — Date