

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004839

FILED  
Feb 13, 2006  
Secretary of State

**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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN KUNZ

PRES

02/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date