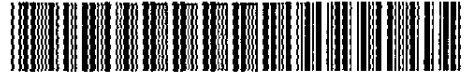


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 08:00 AM
Secretary of State



DOCUMENT # N02000002286
 1. Entity Name
SOUNDTRAX A CAPPELLA SINGERS, INCORPORATED

Principal Place of Business: **119-D WEYBRIDGE CIR ROYAL PALM BCH FL 33411**
 Mailing Address: **119-D WEYBRIDGE CIR ROYAL PALM BCH FL 33411**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: **1st MOORE CR2E037 (10/05)**

4. FEI Number: **02-0570402** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent:
**MOFFETT, CHERILYN D
 119-D WEYBRIDGE CIR
 ROYAL PALM BCH FL 33411**

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOFFETT, CHERILYN D		NAME: _____	
STREET ADDRESS: 119-D WEYBRIDGE CIR		STREET ADDRESS: _____	
CITY-ST-ZIP: ROYAL PALM BCH FL 33411		CITY-ST-ZIP: _____	
TITLE: DV	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOFFETT, LARRY		NAME: _____	
STREET ADDRESS: 150-A WEYBRIDGE CIR		STREET ADDRESS: _____	
CITY-ST-ZIP: ROYAL PALM BCH FL 33411		CITY-ST-ZIP: _____	
TITLE: DS	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KUNARD, JAMES J		NAME: _____	
STREET ADDRESS: 145 HEATHERWOOD DR		STREET ADDRESS: _____	
CITY-ST-ZIP: ROYAL PALM BCH FL 33411		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

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 03/07/06-80024-013 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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 *Cheryl Moffett*

2-20-06