2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005393

FILED Jun 17, 2009 Secretary of State

Entity Name: MUSICAL INSPIRATION & ART, INC. **Current Principal Place of Business: New Principal Place of Business:** 16040 SW 154 AVENUE MIAMI, FL 33187 **Current Mailing Address: New Mailing Address:** 16040 SW 154 AVENUE MIAMI, FL 33187 FEI Number: 54-2063389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERNARD, ANTHONY 9032 SW 152ND ST MIAMI, FL 33157 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DAVIDSON, MOSES Name: Name: Address: 16040 SW 154 AVENUE Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIDSON, URIEL Name: Name: Address: 16040 S.W. 154 AVE. Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIDSON, VICTORIA SECRETA Name: Name: 16040 S.W. 154 AVE. Address: Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: TR () Delete Title: TR (X) Change () Addition GREEN, CRAIG TREASUR Name: Name: MOSES, DAVIDSON JR. G TREASUR 16040 S.W. 154 AVE. Address: 25863 S.W. 128 CT. Address: City-St-Zip: PRINCETON, FL 33032 City-St-Zip: MIAMI, FL 33187

I hereby certify that the information supplied with this filing does not qualify 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: MOSES DAVIDSON DP 06/17/2009