


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90480 011 ****70.00

DOCUMENT # N05000004246		
1. Entity Name FINNISH MALE SINGERS OF NORTH AMERICA, INC.		
Principal Place of Business 4837 GATEWAY GARDENS DR. BOYNTON BEACH, FL 33436		Mailing Address 4837 GATEWAY GARDENS DR. BOYNTON BEACH, FL 33436

60045790



2. Principal Place of Business - No P.O. Box # 2880 LAKE OSBORN DR		3. Mailing Address 2880 LAKE OSBORN DR #201		04072007 Chg-NP CR2E037 (12/06)
Suite, Apt. #, etc. #201		Suite, Apt. #, etc.		
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL		4. FEI Number 74-3142723
Zip 33461	Country USA	Zip 33461	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOISTINEN, PENTTI 4837 GATEWAY GARDENS DR. BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name JAKOLA, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2880 LAKE OSBORN DR City LAKE WORTH FL Zip Code 33461	
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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 Robert W. Jakola DATE 04/11/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANNER, HARRY 144 OCEAN ST. BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELLINEN, JEAN W 526 FORESTVIEW DR ATLANTIS, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOISTINEN, PENTTI 4837 GATEWAY GARDENS DR. BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERTTU, HEIKKI 2616 N. GARDEN DR. #206 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLINEN, AARRE D 3915 CAROLINA DR. LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYHOLM, HANS 1127 S. FEDERAL HWY, APT 201 LAKE WORTH, FL 33460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAKOLA, ROBERT 2880 LAKE OSBORN DR. LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLINEN, JEAN W 526 FORESTVIEW DR. ATLANTIS, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Pentti Koistinen PENTTI KOISTINEN DATE 04/11/07 DAYTIME PHONE # 561-537-9166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #