

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006896

FILED
Mar 27, 2006
Secretary of State

Entity Name: FLORIDA MUSIC ACADEMY, INC.

Current Principal Place of Business:

21910 HALE RD
LAND O' LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

21910 HALE RD
LAND O' LAKES, FL 34639

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, DAVID
19222 RIDGELAKE DR
LUTZ, FL 33549 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: OLIVIER, RAYMOND E
Address: 21910 HALE RD
City-St-Zip: LAND O' LAKES, FL 34639

Title: V (X) Delete
Name: GALVAN, CHRIS
Address: 23500 SIERRA RD
City-St-Zip: LAND O LAKES, FL 34639

Title: TS (X) Delete
Name: REMILLARD, ANTHONY P
Address: 11935 PASCO TRAILS
City-St-Zip: SPRINGHILL, FL 34610

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: DAVID M. KING/REGISTERED AGENT

RA

03/27/2006

Electronic Signature of Signing Officer or Director

Date