


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N17200	
1. Entity Name ALL-AMERICAN EDUCATIONAL MUSIC ASSOCIATION, INC.	

Principal Place of Business 6005 LEXINGTON PARK ORLANDO, FL 32819	Mailing Address 6005 LEXINGTON PARK ORLANDO, FL 32819
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2724621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M 430 NORTH MILLS AVENUE ORLANDO, FL 32803
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LINER, LAWRENCE J. 6005 LEXINGTON PARK ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINER, ROBYN G. 6005 LEXINGTON PARK ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINER, R E 6005 LEXINGTON PK ORLANDO, FL 32819
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**DO NOT WRITE
IN THIS SPACE**

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: Robyn G. Liner **ROBYN G. LINER** 1-9-07 407-351-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #