2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # N17338 BRASS QUINTET, INC.					03-17-200		029 ****6	51.25	
709 N TAMIAMI TRAIL 709		Mailing Address 709 N TAMIAMI TRAIL SARASOTA, FL 34236	709 N TAMIAMI TRAIL		40033246					
2. Principal Place of Business 3. Ma		3. Mailing Address	i. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072006 _C	hg-NP	CR2E0	37 (11/05)		
City & State		City & State	City & State •		4. FEI Number 59-260308	 81			oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		\$8.75 Add		
	6. Name and Address of Current	Registered Agent	-		7Name and Ad	dress of New	Registered	Agent		
MCKENNA, JOSEPH			Name	7Name and Address of New Registered Agent — — Name						
709 N. TAI	MIAMI TRAIL A, FL 34236		Street Addre		ss (P.O. Box Number is Not Acceptable)					
ı.			City				FL	Zip Cod	e	
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	egistered office o	r registere	ed agent, or both, ir	the State of F	Florida. I am	familiar with,	and accept	
i e										
SIGNATURE							•			
SIGNATURE	Signature, typed or printed name of registered agent	und title if applicable. {NOTE: F	Registered Agent signal	ture required	when reinstating)		DATE		•	
SIGNATURE		9. Election Camp Trust Fund Co	aign Financing		\$5.00 May Be Added to Fees		Make chec	ck payable to		
SIGNATURE	Signature, typed or printed name of registered agent in Filling Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing		\$5.00 May Be Added to Fees	Flo	Make chec orida Depa	rtment of Si	tate	
	Signature, lyped or printed name of registered agent. Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May Be	Flo	Make chec orida Depa	rtment of Si	tate	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 feport 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: SIGNATURE SIGNATURE OF SIGNATURE

Daytime Phone #