

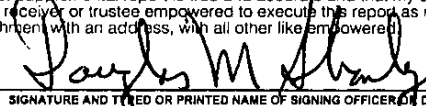


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N17340 1. Entity Name FLORIDA STRING QUARTET, INC.			
Principal Place of Business 709 N. TAMiami TRAIL SARASOTA, FL 34236-4047		Mailing Address 709 N. TAMiami TRAIL SARASOTA, FL 34236-4047	
DO NOT WRITE IN THIS SPACE			
		03072007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2603081	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKENNA, JOSEPH 709 N. TAMiami TRAIL SARASOTA, FL 34236		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOULMIN, VIRGINIA 340 S. PALM AVENUE APT. 143 SARASOTA, FL 34236		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEATRICE FRIEDMAN 435 L'AMBIANCE DR PHG LONGBOAT KEY, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SHANLEY, DOUGLAS M 5271 ASHLEY PKWY SARASOTA, FL 34241		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONSKY, MARIE 8283 SHADOW PINE WAY SARASOTA, FL 34238		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HONEY, MARTHA 3428 HIGHLANDS BRIDGE ROAD SARASOTA, FL 34235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGTON, BRYAN D 3632 FAIR OAKS PLACE LONGBOAT KEY, FL 34228		
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: 		3/8/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	