2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N20161

Entity Name: LA MUSICA DI ASOLO, INC.

Current Principal Place of Business:

215 ROBIN DRIVE
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5442
SARASOTA, FL 34277 US

New Mailing Address:

FEI Number: 65-0005948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVOLTA, PIERO
215 ROBIN DRIVE
SARASOTA, FL 34236 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:	DP	( ) Delete
Name:	RIVOLTA, PIERO,	
Address:	215 ROBIN DRIVE	
City-St-Zip:	SARASOTA, FL	
Title:	DV	( ) Delete
Name:	DERR, FREDERICK,	
Address:	3801 NORTH ORANGE AVE.	
City-St-Zip:	SARASOTA, FL	
Title:	DT	( ) Delete
Name:	DERR, FREDERICK,	
Address:	3801 NORTH ORGANGE AVENUE	
City-St-Zip:	SARASOTA, FL	
Title:	DS	( ) Delete
Name:	FARON, SALLY R.,	
Address:	5062 SANDY COVE AVE.	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	ISLAN, SALLY,	
Address:	5523 CONTENTO DRIVE	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	TRYON, BARTON C.	
Address:	1405 N LAKESHORE DRIVE	
City-St-Zip:	SARASOTA, FL	

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:	
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 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: SALLY R. FARON DS 04/28/2007

Electronic Signature of Signing Officer or Director — Date