2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007
Secretary of State

DOCUMENT# N98000007111

Entity Name: MUSICIANARIES INTERNATIONAL, INC.

Current Principal Place of Business:

1194 OLD DIXIE HWY
SUITE 8
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 31868
PALM BCH GARDENS, FL 334201868 US

New Mailing Address:

FEI Number: 65-0885954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HEABERG, ROBERT M REV.
1000 N. US HWY. 1, UNIT E-401
JUPITER, FL 33477 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:	C/D	( ) Delete
Name:	HEABERG, ROBERT M REV.	
Address:	1000 N. US HWY. 1, UNIT E-401	
City-St-Zip:	JUPITER, FL 33477 US	
Title:	D	( ) Delete
Name:	TINDALL, MICHAEL H PH.D.	
Address:	14524 COTTONWOOD DR. S.E.	
City-St-Zip:	MILL CREEK, WA 98012 US	
Title:	D	( ) Delete
Name:	BUMSTEAD, DAWN	
Address:	18230 MANORWOOD N.	
City-St-Zip:	CLINTON TOWNSHIP, MI 48038 US	
Title:	D	( ) Delete
Name:	WILKINS, DAVID DR.	
Address:	36477 OAK RIDGE DR.	
City-St-Zip:	YUCAIPA, CA 92399 US	
Title:	V/D	( ) Delete
Name:	BROWN, SCOTT W REV.	
Address:	1555 SAN PABLO DRIVE	
City-St-Zip:	LAKE SAN MARCOS, CA 92069 US	
Title:	TSD	( ) Delete
Name:	HEABERG, LAURA L MRS.	
Address:	1000 N US HWY 1,UNIT E 401	
City-St-Zip:	JUPITER, FL 33477 US	

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: REV. ROBERT M. HEABERG C/D 07/23/2007
Electronic Signature of Signing Officer or Director — Date