2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P000001037 1. Entity Name CADENZA MUSIC THERAPY, INC.	756 ° °		06 AUG 28 AP 8: 62 SECRETARY OF STAIL TALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Address		7,12,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		
1115 NORTH 14TH AVENUE HOLLYWOOD, FL 33020	1115 NORTH 14TH AVEN HOLLYWOOD, FL 33020	IUE			
2. Principal Place of Business 2.0 S. PRAOTA TWV.	3. Mailing Address Fed	local Hour			
Suite, Apt. #, etc. 400 - A	Suite, Apt. #, etc. 400- A		08232006 Chg-P CR2E034 (11/05)		
City & State	City & State		4. FEI Number Applied For Not Applicable		
Zip Couptry	Zip Z Z Z Z Z Z	Country			
6. Name and Address of Current Ro	33020	Country BROWAR	7. Name and Address of New Registered Agent		
		Name	<u> </u>		
REITMAN, MICHELLE 1115 NORTH 14 AVE HOLLYWOOD, FL 33020		Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
		City	FL Zip Code		
8. The above pamed 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 Sometime, typed or primed rearne of registered agent and title (if applicable. (NOTE: Registered Agent arguments required when reinstating) DATE OFFICE Registered Agent arguments required when reinstating)					
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTSD NAME REITMAN, MICHELLE R	☐ Oelete	TITLE NAME	PTS REITMAN MICHELE R. DEChange Addition		
STREET ADDRESS 1115 NORTH 14TH AVENUE CITY-ST-ZIP HOLLYWOOD, FL 33020		STREET ADDRESS CITY-ST-ZIP	REITMAN, MICHELLE R. PLICHARGE Addition 1115 N. 14 AVE, Hollywood, FC 33020 D Change Addition REITMAN, ALAN D.		
TILE	☐ Delete	TITLE	Change Addition		
NAME	_ 500.0	NAME	PETTINAN AT AN D.		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	1115 N. 14 AVE.		
TITLE	☐ Delete	TITLE	Hollywood FL 33020 Change Addition		
NAME STREET ADDRESS		NAME STREET ADDRESS	· · · · •		
CITY-ST-ZIP		CITY-ST-ZIP			
TILE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS		NAME Street address	100079281371		
CITY-ST-ZP		CITY-ST-ZIP	08/30/0601052007 **61.25		
TITLE NAME	☐ Detete	TITLE NAME	☐ Change ☐ Addition		
STREET ADDRESS		STREET ADDRESS			
CITY-SI-ZIP	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition		
NAME	- Delete	NAME	Li Gilange C Addition		
STREET ADORESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
12. Thereby certify that the information supplied with the	his filing does not qualify for	the exemptions co	intained 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 607, 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/erripowered.					
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SIGNATURE: ////////////////////////////////////					

APPRUVE AND FILED