


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000006437</b>	
1. Entity Name <b>MUSIC AND THEATRE GALAXY, INC.</b>	

Principal Place of Business <b>8045 46TH AVE NORTH ST PETERSBURG, FL 33709</b>	Mailing Address <b>8045 46TH AVE NORTH ST PETERSBURG, FL 33709</b>
---	---

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3690603</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PEREA, KIRSTEN 8045 46TH AVE NORTH ST PETERSBURG, FL 33709</b>
--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADAMS, INDIA 8045 46TH AVE NORTH ST PETERSBURG, FL 33709</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD PEREA, KIRSTEN 8045 46TH AVE NORTH ST PETERSBURG, FL 33709</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000534144  
05/06/06-80149-015 158.75

DO NOT WRITE IN THIS SPACE

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 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 empowered.

**SIGNATURE:** *Kirsten Perea* **4/20/06 (727) 548-8383**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #