


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90070 049 ***158.75

DOCUMENT # P01000012750		
1. Entity Name DASHANTY MUSIC, INC.		

Principal Place of Business 5716 RODMAN ST. #2 HOLLYWOOD, FL 33023	Mailing Address 4421 WEST MCNAB RD SUITE 26 POMPANO BEACH, FL 33069
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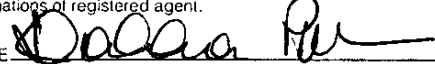
2. Principal Place of Business - No P.O. Box # 4421 WEST MCNAB RD	3. Mailing Address Suite, Apt. #, etc. 26
City & State POMPANO BEACH, FL	City & State POMPANO BEACH, FL
Zip 33069	Country USA



04302007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent POWELL, DAHALIA 4421 WEST MCNAB RD SUITE 26 POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name DAHALIA POWELL BAKER Street Address (P.O. Box Number is Not Acceptable) 4421 WEST MCNAB RD SUITE #26 City POMPANO BEACH FL Zip Code 33069	
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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  PDM DATE **April 30, 2007**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, HOMESLEY H 4421 WEST MCNAB RD SUITE 26 POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDM POWELL, DAHALIA 4421 WEST MCNAB RD SUITE 26 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

SIGNATURE:  DAHALIA POWELL BAKER 04/30/07
Date (305) 723-8067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR