

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000035792

1. Entity Name
STRINGENDO SCHOOL FOR STRINGS, INC.



Principal Place of Business
 222 LAKEVIEW AVE, SUITE 160
 WEST PALM BEACH, FL 33401

Mailing Address
 222 LAKEVIEW AVE, SUITE 160
 WEST PALM BEACH, FL 33401



05082006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1102672** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLIFFORD, PATRICK GORDON D
 222 LAKEVIEW AVE, SUITE 160
 WEST PALM BEACH, FL 33401

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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 Patrick Clifford **PATRICK CLIFFORD Pres. 5/8/06**
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
 NAME **CLIFFORD, PATRICK G**
 STREET ADDRESS **222 LAKEVIEW AVE., STE 160**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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 05/20/06-80093-022 150.00

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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: Patrick Clifford **PATRICK CLIFFORD Pres. 5/8/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #