

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088461

FILED
Apr 15, 2006
Secretary of State

Entity Name: STEINWAY PIANO GALLERY, INC.

Current Principal Place of Business:

1345 THOMASVILLE RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1345 THOMASVILLE RD.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3753505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINNICK LAW FIRM
3116 CAPITAL CIR. NE, STE. 10
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMS, JIM
Address: 1309 DOMINGO DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: S () Delete
Name: MINNICK, BRUCE A
Address: 9017 EAGLES RIDGE DR.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMS, JAMES R
Address: 1309 DOMINGO DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. SIMS

PRES

04/15/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date