2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM Secretary of State

ANNUAL REFURI				,	Secre	etary of	i State
DOCUMENT # P01000106752 1. Entity Name PIANOS PIANOS, INC.					<i>j</i>		
Principal Plac 3980 TAMPA SUITE 101 OLOSMAR, FI	A RD.	Meiling Address 3825 TALAH DRIVE PALM HARBOR, FL 34684	v	} }	8 48 40 (1801 18 00 10 00) 29 0	DS SSOSS DOSSOD BIJLL SODS	EC DOUGE FREIDUCK AS ASSES
DO NOT WRITE IN THIS SPA			CE	01102006	No Chg-P	CR2E034 (1	11/05)
				4. FEI Numb 59-375			Applied For Not Applicable
			1 	5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent	}	• .			1
VISSER, KENNETH R 3825 TALAH DRIVE PALM HARBOR, FL 34684				DO	NOT W	RITE	
			IN THIS SPACE				
8. The above the obligate	named entity submits this statement for the ions of registered agent.				oth, in the State of Flo		ar with, and accept
}	Signature, typed or printed name of registered agent and	title it applicable (NOTE Registers	ed Agent signature required	when reinstating)	 	DATE	* * * * * * * * * * * * * * * * * * *
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ied to Fees			
10.	OFFICERS AND DI	RECTORS	1			* 14	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VISSER, KENNETH R 3825 TALAH DRIVE PALM HARBOR, FL 34684						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISSER, DEBORAH A 3825 TALAH DRIVE PALM HARBOR, FL 34684		01/19/06-80050-006 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. <u>.</u>		DO	NOT W	RITE	
ITTLE NAME STREET ADDRESS CITY-ST-ZP	ME REET ADDRESS			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·					
NAME SIRET ADDRESS CITY-ST-ZIP							

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 it made under path; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

Date

Date

Desyline Phone 8