2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P02000076724** 04-19-2004 90279 019 ***150.00 1. Entity Name KELLER PIANO, INC. Mailing Address Principal Place of Business POST OFFICE BOX 873 POST OFFICE BOX 873 ORLANDO, FL 32802 ORLANDO, FL 32802 No Chg-P CR2E034 (10/03) 04132004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2085005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN ROY KELLER, MARIN ROY *===DO=NOT-WRITE 2123 FAIRBANKS AVE. WINTER PARK, FL 32789 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 spent and title if applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE KELLER, MARTIN R NAME POST OFFICE BOX 873 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32802 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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: NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED