2006 FOR PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000128002 05-02-2006 90144 043 ***150.00 MENOMUSIC, INC. Principal Place of Business Mailing Address 200 W. WELBOURNE AVE 200 W. WELBOURNE AVE SUITE 7 SUITE 7 WINTER PARK, FL 32789 WINTER PARK, FL 32789 04132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0810333 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent EDWARD MCLEOD, P.A. DO NOT WRITE 284 PARK AVENUE NORTH 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. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME LINDERS, JEANETTE C STREET ADDRESS 4902 SAMOA CIRCLE CITY-ST-ZIP ORLANDO, FL 32808 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP