

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90040 047 \*\*\*150.00

**DOCUMENT # P02000128002**  
 1. Entity Name  
**MENOMUSIC, INC.**



Principal Place of Business  
 1069 W. MORSE BLVD.  
 WINTER PARK, FL 32789-3711 US

Mailing Address  
 1069 W. MORSE BLVD.  
 WINTER PARK, FL 32789-3711 US

40096000



2. Principal Place of Business - No P.O. Box #  
 1069 W Morse Blvd

3. Mailing Address  
 1069 W Morse Blvd

Suite, Apt. #, etc.  
 Suite 1

Suite, Apt. #, etc.  
 Suite 1

04262007 Chg-P CR2E034 (12/06)

City & State  
 Winter Park FL

City & State  
 Winter Park FL

4. FEI Number  
 55-0810333

Applied For  
 Not Applicable

Zip  
 32789

Country

Zip  
 32789

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 EDWARD MCLEOD, P.A.  
 284 PARK AVENUE NORTH  
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent  
 Name  
 Wolfe, Richard C  
 Street Address (P.O. Box Number is Not Acceptable)  
 100 SE 2<sup>nd</sup> Street  
 Suite 3300  
 City  
 Miami FL Zip Code  
 33131

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: (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D	<input type="checkbox"/> Delete
NAME LINDERS, JEANETTE C	
STREET ADDRESS 4902 SAMOA CIRCLE	
CITY-ST-ZIP ORLANDO, FL 32808	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Linders, Jeanette C	
STREET ADDRESS 9210 Ridge Pine Trail	
CITY-ST-ZIP Orlando, FL 32819	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Joanne Grant	
STREET ADDRESS 1243 Lake Willisara Circle	
CITY-ST-ZIP Orlando FL 32806	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET 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 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: Date: 4-27-07 Distinguishing Phone #: 407-478-1700