


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000028927</b>		
1. Entity Name CEDAR BAY MUSIC, INC.		
Principal Place of Business 1727 CEDAR BAY RD. JACKSONVILLE, FL 32218	Mailing Address 1727 CEDAR BAY RD. JACKSONVILLE, FL 32218	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HARDEN, BILLY 1727 CEDAR BAY RD. JACKSONVILLE, FL 32218		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	HARDEN, WILLIE	
STREET ADDRESS	1727 CEDAR BAY RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	VP	
NAME	DREGGORS, LARRY S	
STREET ADDRESS	530 PEEPLES RD	
CITY-ST-ZIP	YULEE, FL 32097	
TITLE	S	
NAME	ROWLAND, PETE	
STREET ADDRESS	5400-1 LA MOYA AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	T	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	SAMPLES, MAURICE	
STREET ADDRESS	2415 KELLOW CIR	
CITY-ST-ZIP	JAX, FL	
TITLE		
NAME		<b>DO NOT WRITE IN THIS SPACE</b>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE		
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: <u>Willie Harden</u>		2/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		(904) 757-2581
		Daytime Phone #



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0686078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/20/06-80011-018 150.00