


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # P03000095771	
1. Entity Name SOLUTIONS IN MUSIC CORP	

Principal Place of Business 20721 NW 1ST STREET PEMBROKE PINES, FL 33029 US	Mailing Address 20721 NW 1ST STREET 108 PEMBROKE PINES, FL 33029 US
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DO NOT WRITE IN THIS SPACE



03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0189860	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAM, STEWART
20721 NW 1ST STREET
PEMBROKE PINES, FL 33029**

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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 resigning) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE P	STEWART, WILLIAM
NAME	20721 NW 1ST STREET
STREET ADDRESS	PEMBROKE PINES, FL 33029
CITY-ST-ZIP	
TITLE SEC	STEWART, CAROL
NAME	20721 NW 1ST STREET
STREET ADDRESS	PEMBROKE PINES, FL 33029
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/07-80051-025 150.00

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: *[Signature]* **WILLIAM STEWART** *4/2/07* *954 430 3027*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-1/Date Daytime Phone #