APR 27,2006 10:01A 9549715867

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90385 007 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000110101

1. Entity Name:
MUSIC4CENTS INC.

400749970

Principal Place of Business	Mailing Address
~~5361 GRAND BANKS BLVD GREEN ACRES, FL 33463~~	~~5361 GRAND BANKS BLVD GREEN ACRES, FL 33463~~
2. Principal Place of Business: 1829 East Court	3. Mailing Address: 1829 East Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33406 Country: USA	Zip: 33406 Country: USA

04192006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-0761356 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, SEAN D
5361 GRAND BANKS BLVD
GREENACRES, FL 33463

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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 if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HENRY, SEAN D 5361 GRAND BANKS BLVD GREENACRES, FL 33463 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1829 East Court West Palm Beach, FL 33406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SASU-HENRY, DELORES 5361 GRAND BANKS BLVD. GREENACRES, FL 33463 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1829 East Court West Palm Beach, FL 33406
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 my address, with all other like empowered.

SIGNATURE: [signature] 4-27-06 (561) 209-3603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #