2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2007 08:00 AM Secretary of State **DOCUMENT # P05000088546** A JOYFUL NOISE MUSIC STORE INC. Principal Place of Business Malling Address 6377 HWY 90 6377 HWY 90 MILTON, FL 32570 MILTON, FL 32570 05012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1682698 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARCHLEWSKI, DAVID M DO NOT WRITE 6377 HWY 90 **MILTON, FL 32570** IN THIS SPACE 6. 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. Sinceture, typed or reinted name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000758169 Trust Fund Contribution. Added to Fees 05/23/07-80101-018 150.00 10. OFFICERS AND DIRECTORS MARCHLEWSK!, DAVID M MAME STREET ADDRESS 8377 HWY 90 CITY-ST-ZIP MILTON, FL 32570 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 tme 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 eath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5-1-07 850-983-308

Daytime Phone #

FILED