2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P95000031311

Entity Name: SUZUKI PIANO SCHOOL OF MANDARIN, INC.

Current Principal Place of Business:

4220 HOOD RD
STE 3
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

4220 HOOD RD.
#3
JACKSONVILLE, FL 32257 US

New Mailing Address:

4220 HOOD RD
STE 3
JACKSONVILLE, FL 32257 US

FEI Number: 59-3310248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAHAMSON, ALBA C
HOOD RD 4220
#3
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABRAHAMSON, ALBA C
Address: 4491 DORIAN WAY
City-St-Zip: JACKSONVILLE, FL

Title: VP ( ) Delete
Name: ABRAHAMSON, RICHARD
Address: 4491 DORIAN WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRE ( ) Change (X) Addition
Name: ABRAHAMSON, CHRISTIAN
Address: 4491 DORIAN WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: SEC ( ) Change (X) Addition
Name: ABRAHAMSON, DEBBIE
Address: 4491 DORIAN WAY
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBA C. ABRAHAMSON P 03/24/2009

Electronic Signature of Signing Officer or Director Date