

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

3 Apr 26, 2005 8:00 am
Secretary of State

03-28-2005 90273 001 ***300.00

DOCUMENT # 851867 1. Entity Name MIRACLE-EAR, INC.					
Principal Place of Business 5000 CHESHIRE LANE NORTH PLYMOUTH MN 55446-3715			Mailing Address 5000 CHESHIRE LANE NORTH PLYMOUTH MN 55446-3715 US		
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 41-0874669	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. ☐	
SIGNATURE Signature typed or printed name of registered agent and fee if applicable				DATE 3/15/05 (NOTE: Registered Agent signature required when registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00. Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE S	NAME EDISON, PAUL				
STREET ADDRESS 5000 CHESHIRE LANE NORTH #1	CITY-STATE-ZIP PLYMOUTH MN 55446-3715				
TITLE D	NAME GROVANNI, MARTIN R				
STREET ADDRESS 5000 CHESHIRE LANE NORTH #1	CITY-STATE-ZIP PLYMOUTH MN 55446-3715				
TITLE D	NAME BALDISSERA, ALESSANDRO				
STREET ADDRESS 5000 CHESHIRE LANE NORTH #1	CITY-STATE-ZIP PLYMOUTH MN 55446-3715				
TITLE D	NAME CHIONO, ALESANDRO				
STREET ADDRESS 5000 CHESHIRE LANE NORTH #1	CITY-STATE-ZIP PLYMOUTH MN 55446-3715				
TITLE P	NAME WABLER, ROBERT				
STREET ADDRESS 5000 CHESHIRE LANE NORTH #1	CITY-STATE-ZIP PLYMOUTH MN 55446-3715				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
NAME Paul Erickson					
CITY-STATE-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DATE 4/19/05					
DAYTIME PHONE # 800-234-7714					