

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90040 027 ***150.00

DOCUMENT # P99000077241
1. Entity Name
HEAR WELL, INC.



Principal Place of Business: 10071 PINES BLVD, STE C, PEMBROKE PINES, FL 33024
Mailing Address: 10071 PINES BLVD, STE C, PEMBROKE PINES, FL 33024

60013477

2. Principal Place of Business: Suite Apt #, etc.
3. Mailing Address: Suite Apt #, etc.

01262006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number: 65-0945481
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ODORISIO, FALCO R
2909 S. OCEAN BLVD.,#1E
HIGHLAND BEACH, FL 33487

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: _____ (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 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ODOLISIO, FALCO	
STREET ADDRESS	2909 S. OCEAN BLVD.,#1E	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Falco R. Odorisio FALCO R. ODORISIO 2/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #