

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332120

FILED
Apr 27, 2007
Secretary of State

Entity Name: MAGNATONE HEARING AID CORPORATION

Current Principal Place of Business:

170 N. CYPRESS WAY
PO BOX 180964
CASSELBERRY, FL 32707 US

New Principal Place of Business:

170 N. CYPRESS WAY
CASSELBERRY, FL 32707 US

Current Mailing Address:

170 N. CYPRESS WAY
PO BOX 180964
CASSELBERRY, FL 327180964 US

New Mailing Address:

170 N. CYPRESS WAY
P O BOX 180964
CASSELBERRY, FL 327180964 US

FEI Number: 59-1224325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, DONALD E
245 ARNOLD LANE
WINTER SPRINGS, FL 32708 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: VPS () Delete
Name: CAMPBELL, BEVERLY J.,
Address: 1411 S. GRANT ST.
City-St-Zip: LONGWOOD, FL 32750

Title: T () Delete
Name: CAMPBELL, CINDY,
Address: 139 W. YORK CT.
City-St-Zip: LONGWOOD, FL 32779

Title: P () Delete
Name: CAMPBELL, DONALD E
Address: 245 ARNOLD LANE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DONALD EK CAMPBELL

P

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date