

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332120

FILED
Apr 19, 2011
Secretary of State

Entity Name: MAGNATONE HEARING AID CORPORATION

Current Principal Place of Business:

170 N. CYPRESS WAY
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 180964
CASSELBERRY, FL 327180964 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: VPS
Name: CAMPBELL, BEVERLY J VP S
Address: 1411 S. GRANT ST.
City-St-Zip: LONGWOOD, FL 32750

Title: T
Name: CAMPBELL, CINDY L TREAS
Address: 1411 S GRANT ST.
City-St-Zip: LONGWOOD, FL 32750

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

I hereby 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 all other like empowered.

SIGNATURE: DONALD E CAMPBELL

PRES

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date