## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 545314** 

FILED Apr 05, 2004 Secretary of State

Entity Name: HEARING TECHNOLOGIES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

6541 44TH ST N STE 6003

PINELLAS PK, FL 33781 US

Current Mailing Address: New Mailing Address:

PO BOX 20468 6541 44TH ST N

ST.PETERSBURG, FL 33742 US 6003

PINELLAS PARK, FL 33781 US

FEI Number: 59-1783055 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROMANEK, HARVEY L. ROMANEK, HARVEY L.

7849 3RD AVE S 7849 3RD AVE S

SAINT PETERSBURG, FL 33707 US SAINT PETERSBURG, FL 33707 US

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: HARVEY L ROMANEK 04/05/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 PELLONE, NANCY A
 Name:
 PELLONE, NANCY A

 Address:
 7849 3RD AVE S
 Address:
 7849 3RD AVE S

City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip: SAINT PETERSBURG, FL 33707

Title: SD (X) Delete Title: ( ) Change ( ) Addition Name: PERKINSON. BARBARA Name:

 Address:
 11085-100TH AVE N
 Address:

 City-St-Zip:
 SEMINOLE, FL 33772
 City-St-Zip:

Title: D ( ) Delete Title: DVP (X) Change ( ) Addition Name: ROMANEK, BRANDON D Name: ROMANEK, BRANDON D

Address: 7849 3RD AVE S Address: 7849 3RD AVE S

City-St-Zip: SAINT PETERSBURG, FL 33707 City-St-Zip: SAINT PETERSBURG, FL 33707

Title: CEO ( ) Delete Title: DP (X) Change ( ) Addition Name: ROMANEK, HARVEY L CEO Name: ROMANEK, HARVEY L CEO

 Address:
 7849 3RD AVE S
 Address:
 7849 3RD AVE S

 City-St-Zip:
 SAINT PETERSBURG, FL 33707
 City-St-Zip:
 SAINT PETERSBURG, FL 33707

 Title:
 N/A
 ( ) Delete
 Title:

 Name:
 N/A, N/A
 Name:

 Address:
 N/A
 Address:

 City-St-Zip:
 N/A, N/ N/A
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARVEY L ROMANEK DP 04/05/2004

() Change () Addition