2008 FOR PROFIT CORPORATION

Apr 15, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # F02000001977 AMERICAN HEARING AID ASSOCIATES, INC. Principal Place of Business Mailing Address 1380 WILMINGTON PIKE 1380 WILMINGTON PIKE WEST CHESTER, PA 19380 WEST CHESTER, PA 19380 US 02212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 23-2789253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 H00000898424 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 04/25/08-80088-010 150.00 OFFICERS AND DIRECTORS 10. TITLE SOIKA, TINA NAME STREET ADDRESS 1380 WILMINGTON PIKE WEST CHESTER, PA 19380 CITY-ST-ZIP TITLE JENNINGS, JEFF NAME 1380 WILMINGTON PIKE STREET ADDRESS WEST CHESTER, PA 19380 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED DAME OF SIGNING OFFICER OR DIRECTOR

FILED