

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001977

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN HEARING AID ASSOCIATES, INC.

**Current Principal Place of Business:**

225 WILMINGTON WEST CHESTER PIKE  
300  
CHADDS FORD, PA 19317 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 WILMINGTON WEST CHESTER PIKE  
300  
CHADDS FORD, PA 19317 US

**New Mailing Address:**

**FEI Number:** 23-2789253      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** CFO  
**Name:** JENNINGS, JEFF  
**Address:** 225 WILMINGTON WEST CHESTER PIKE  
**City-St-Zip:** CHADDS FORD, PA 19317 US

**Title:** CEO  
**Name:** RUSSOMAGNO, VINCENT  
**Address:** 225 WILMINGTON WEST CHESTER PIKE  
**City-St-Zip:** CHADDS FORD, PA 19317 PA

**Title:** PRES  
**Name:** SOIKA, TINA  
**Address:** 225 WILMINGTON WEST CHESTER PIKE  
**City-St-Zip:** CHADDS FORD, PA 19317 PA

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: JEFF JENNINGS

CFO

03/29/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date