2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2007 08:00 AM **DOCUMENT # G14068 Secretary of State** TRI COUNTY HEARING AID, INC. Mailing Address Principal Place of Business 3519 N LECANTO HWY 3519 N LECANTO HWY US **BEVERLY HILL, FL 34465 BEVERLY HILL, FL 34465** CR2E034 (11/05) No Chg-P 01232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2261549 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DITCHFIELD, DAVID DO NOT WRITE 4524 W PINTO LOOP **BEVERLY HILLS, FL 34465** 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. DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) 000000642792 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Р TITLE DITCHFIELD, DAVID NAME 4524 WEST PINTO LOOP STREET ADDRESS CITY-ST-ZIP **BEVERLY HILLS, FL 34465** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS

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 chapter on an attachment with an address, with all other like empowered.

CICNATUDE.

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

eduid Clalpuld

President

2/19/07 352-746-1133