2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 24, 2008 08:00 AN Secretary of State **DOCUMENT # G14068** 1. Entity Name TRI COUNTY HEARING AID. INC. Mailing Address Principal Place of Business 3519 N LECANTO HWY 3519 N LECANTO HWY **BEVERLY HILL, FL 34465** US US BEVERLY HILL, FL 34465 CR2E034 (11/05) 04082008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2261549 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE DITCHFIELD, DAVID 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000919661 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 05/14/08-80012-020 150.00 OFFICERS AND DIRECTORS 10. TITLE DITCHFIELD, DAVID NAME 4524 WEST PINTO LOOP STREET ADDRESS CHTY-ST-ZIP BEVERLY HILLS, FL 34465 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 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.

+ FILCD

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

4/20/08 (352) 746-1133