2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G64806

Entity Name: AUDIO ADVISORS, INC.

FILED Aug 09, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2271 PALM BEACH LAKES BOULEVARD WEST PALM BEACH, FL 33409 US

Current Mailing Address: New Mailing Address:

2271 PALM BEACH LAKES BOULEVARD WEST PALM BEACH, FL 33409 US

FEI Number: 59-2326158 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:

SCHINDEL, MATTHEW G ESQ.

ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

PARRISH, STEVEN ESQ.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 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: STEVEN PARRISH 08/09/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: HOOVER, JEFFREY Name: Address: 509 MARGINAL RD Address:

Address: 509 MARGINAL RD Address:
City-St-Zip: WEST PALM BEACH, FL 33411 US City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 WEINSTOCK, WAYNE
 Name:

 Address:
 9432 LAKE SERENA DRIVE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33496 US
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 LOZOTT, JAMES W
 Name:

 Address:
 12688 89TH PLACE NORTH
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33412 US
 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: STEVEN PARRISH RA 08/09/2005