

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G79568

FILED  
Mar 05, 2006  
Secretary of State

**Entity Name:** PROFESSIONAL HEARING AID CENTERS, INC.

**Current Principal Place of Business:**

3303 PARKWAY CENTER CT.  
ORLANDO, FL 32808

**New Principal Place of Business:**

3469 PARKWAY CENTER CT.  
ORLANDO, FL 32808

**Current Mailing Address:**

3303 PARKWAY CENTER CT.  
ORLANDO, FL 32808

**New Mailing Address:**

3469 PARKWAY CENTER CT.  
ORLANDO, FL 32808

**FEI Number:** 59-2348136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLSWORTH, ROBYN  
3303 PARKWAY CENTER CT.  
ORLANDO, FL 32808 US

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

ELLSWORTH, ROBYN  
3469 PARKWAY CENTER CT.  
ORLANDO, FL 32808 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:

03/05/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: OFFI ( ) Delete  
Name: ELLSWORTH, RANDY  
Address: 1889 CRESTRIDGE DR  
City-St-Zip: CLERMONT, FL 34711

Title: OFFI ( ) Delete  
Name: ELLISWORTH, ROBYN  
Address: 6526 CRAINDALE DR  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: OFFI (X) Change ( ) Addition  
Name: ELLISWORTH, ROBYN  
Address: 1085 HYW A1A STE 1502  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBYN ELLSWORTH

OFFI

03/05/2006

Electronic Signature of Signing Officer or Director

Date