


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H92775</b> 1. Entity Name DELRAY HEARING AID CENTER, INC.					
Principal Place of Business 5175 W ATLANTIC AVE B DELRAY BEACH FL 33484 US			Mailing Address 5175 W ATLANTIC AVE B DELRAY BEACH FL 33484 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number <b>59-2637547</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For          Not Applicable       </div>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>RIPLEY, RAYMOND, JR.</b> <b>235 NE 6TH AVE.</b> <b>DELRAY BEACH FL 33483</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;"><small>DATE</small></div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SOLOMON, MARK 6052 PLAINS DR. LAKE WORTH FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	00000024017 02/26/05-80003-021 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARETT-SOLOMON, LINDA 6052 PLAINS DR. LAKE WORTH FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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					
<b>SIGNATURE:</b> <i>Mark I. Solomon</i> <b>Mark I. Solomon</b> <span style="float: right;"><b>2/24/05 (SG) 4950702</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"><small>Date Daytime Phone #</small></div>					



1st MOORE CR2E034 (10/04)