


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90068 039 ***150.00

DOCUMENT # J27366 1. Entity Name PURETONE HEARING AID SERVICES, INC.	
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Principal Place of Business 3909 NEWBERRY ROAD SUITE C GAINESVILLE FL 32607-2367	Mailing Address 3909 NEWBERRY ROAD SUITE C GAINESVILLE FL 32607-2367
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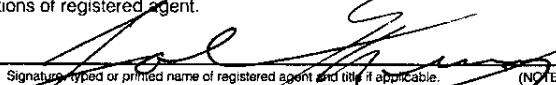
2. Principal Place of Business 7328 W. University Avenue Suite, Apt. #, etc. Suite A City & State Gainesville, Florida Zip 32607 Country USA	3. Mailing Address 7328 W University Avenue Suite, Apt. #, etc. Suite A City & State Gainesville, Florida Zip 32607 Country USA
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MOORE CR2E034 (11/03)

4. FEI Number 59-2698199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, JOSEPH O. 3909 NEWBERRY ROAD GAINESVILLE FL 32607-2367	
7. Name and Address of New Registered Agent Name KING, JOSEPH O. Street Address (P.O. Box Number is Not Acceptable) 7328 W. University Avenue Suite A Suite A City Gainesville FL Zip Code 32607	

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 **3/30/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, JOSEPH O. 3909 NEWBERRY ROAD GAINESVILLE FL 32607-2367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7328 W. University Avenue Suite A Gainesville, Florida 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KING, BERNADETTE C 3909 NEWBERRY ROAD GAINESVILLE FL 32607-2367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7328 W. University Avenue Suite A Gainesville, Florida 32607
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
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

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.

SIGNATURE:  DATE **3/29/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR