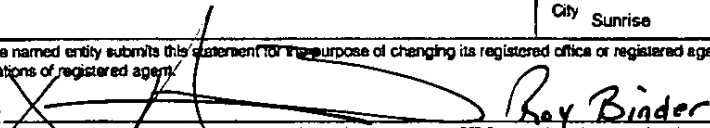
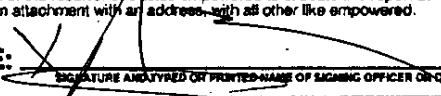


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90046 002 ***150.00

DOCUMENT # K04720					
1. Entity Name THE EAR MAN, INC.					
Principal Place of Business 10113 W OAKLAND PARK BLVD SUNRISE, FL 33351 US			Mailing Address 10113 W OAKLAND PARK BLVD SUNRISE, FL 33351 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 65-0020485	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BINDER, ROY 8245 SUNSET STRIP SUNRISE, FL 33322				7. Name and Address of New Registered Agent Name Roy Binder Street Address (P.O. Box Number is Not Acceptable) 10113 West Oakland Park Blvd City Sunrise FL Zip Code 33351	
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  <i>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing))</i>				DATE 3-21-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINDER, ROY 8245 SUNSET STRIP SUNRISE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roy Binder 10113 West Oakland Blvd Sunrise, Florida 33351	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  <i>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</i>			DATE 3-21-05 DAYTIME PHONE 954-748-3277		

change of address