

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L54438

FILED
Feb 28, 2005
Secretary of State

Entity Name: PERSONAL HEARING AID SERVICE, INC.

Current Principal Place of Business:

4801 E. BUSCH BLVD.
SUITE C
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

4801 E. BUSCH BLVD.
SUITE C
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 65-0183056 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SALAMAT, AHMAD
4801 E. BUSCH BLVD.
SUITE C
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

SALAMAT, AHMAD A
4801 E. BUSCH BLVD.
SUITE C
TAMPA, FL 33617 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: AHMAD SALAMAT

02/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALAMAT, AHMAD,
Address: 4801 E. BUSCH BLVD. STE C
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SALAMAT, AHMAD,
Address: 4801 E. BUSCH BLVD. STE C
City-St-Zip: TAMPA, FL 33617

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: AHMAD SALAMAT

PRES

02/28/2005

Electronic Signature of Signing Officer or Director

Date