


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000008903	
1. Entity Name EARTRONICS HEARING AID FOUNDATION, INC.	

Principal Place of Business 7181 COLLEGE PKWY., STE. 14 FT. MYERS, FL 33907	Mailing Address 7181 COLLEGE PKWY., STE. 14 FT. MYERS, FL 33907
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02132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1586854	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 HOOPER, ROBERT L 4863 LAUREL LANE FT. MYERS, FL 33908

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000645223
03/02/07 00075 001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOPER, ROBERT L 4863 LAUREL LANE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOOPER, TERESITA S 4863 LAUREL LANE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, MARGARET G 233 STEBBINS TERR. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARSONS, JINKY T 4412 CORONADO PKWY. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07 239-275-7655
Date Daytime Phone #