## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05679

FILED Mar 21, 2007 Secretary of State

		HER SOUND, FLORIDA, INCORPORATED		
Current Principal Place of Business:		New Principal Place of Business:		
P.O. BOX 17224 CLEARWATER, FL	. 34622	3132 BORDEAUX LN CLEARWATER, FL 33759		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
3553 CYPRESS TE PINELLAS PARK, F		3132 BORDEAUX LN CLEARWATER, FL 33759		
FEI Number: 59-43487	60 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate o	f Status Desired ( )	
Name and Addres	s of Current Registered Agent:	Name and Address of New Registe	ered Agent:	
LARSON, HERBERT W. 11199-69TH 58-N LARGO, FL 33773 US		KASSON, GAIL E 3132 BORDEAUX LN CLEARWATER, FL 33759 US		
The above named of the state of Floridate	entity submits this statement for the pu	e i i i i i i e e		
in the otate of Florid		rpose of changing its registered office or regis	stered agent, or both,	
SIGNATURE: GAI	da. Í		stered agent, or both, 1/2007	
SIGNATURE: GAI	da. Í	03/2	1/2007	
SIGNATURE: GAI	da. L E KASSON ectronic Signature of Registered Agen	03/2	1/2007 e	
SIGNATURE: GAI EI  OFFICERS AND D  Title: PD  Name: KASSON Address: 14240 6	da.  L E KASSON ectronic Signature of Registered Agen IRECTORS:  ( ) Delete	03/2 <sup>-</sup> t Dat	1/2007 e ERS AND DIRECTORS:	
SIGNATURE: GAI  EI  OFFICERS AND D  Title: PD  Name: KASSON Address: 14240 6 City-St-Zip: CLEARV  Title: PD  Name: FLUET, Address: 1413 BR	da.  L E KASSON ectronic Signature of Registered Agen  IRECTORS:  ( ) Delete  I, GAIL 2ND ST N VATER, FL 33760  ( ) Delete	t Dat  ADDITIONS/CHANGES TO OFFICE  Title: ( ) Change ( ) A  Name: Address:	1/2007 re ERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL E KASSON CEO 03/21/2007