2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N48633

Entity Name: EDUCATIONAL AUDIOLOGY ASSOCIATION, INC.

Current Principal Place of Business:

13153 N. DALE MABRY
SUITE 105
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13153 N. DALE MABRY
SUITE 105
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 87-0474198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSTROSKI, LOIS
13153 N. DALE MABRY
SUITE 105
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: REDMOND, BEA
Address: 3625 CRESCENT PARK BLVD
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: KNITTEL, MARY ANN
Address: 452 W. WOODLAND
City-St-Zip: FERNDALE, MI 48220

Title: D ( ) Delete
Name: CLAY, MARSHA
Address: 2877 CARNEGIE WAY
City-St-Zip: MARIETTA, GA 30064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COX, LINDA
Address: 3076 LAKE PADGETT DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PRENDERGAST, SUSAN
Address: 201 PARKVIEW DRIVE
City-St-Zip: BLOOMINGTON, IL 61701

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS KOSTROSKI D 04/28/2005

Electronic Signature of Signing Officer or Director — Date