2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012419

Entity Name: FIVE STAR HEARING, INC.

5814 S HAVANNA COURT

DENVER, CO 80111

Address: City-St-Zip: FILED Jan 06, 2005 Secretary of State

Littly Nai	ile. FIVE STA	K FILAKING, INC.			
Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
#105	TELLO DRIVE		5020 TAMIAMI TRAIL N.		
NAPLES, FL 34103			NAPLES, FL 34103	NAPLES, FL 34103	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1044 CAS ⁻ #105 NAPLES, F	TELLO DRIVE		5020 TAMIAMI TRAIL N. 114 NAPLES, FL 34103		
FEI Number:		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
LAMB, KATHY 1044 CASTELLO DRIVE #105 NAPLES, FL 34103 US			LAMB, KATHY 5020 TAMIAMI TRAIL N. 114 NAPLES, FL 34103 US	5020 TAMIAMI TRAIL N. 114	
	named entity s of Florida.	ubmits this statement for the pu	urpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE: KATHY LAMB				01/06/2005	
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () GILLESPIE, THO 5814 S HAVANN DENVER, CO 8	IA COURT	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	V () LAMB, KATHY E 6724 HARTLANI FT MYERS, FL	O ST	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name:	D () GILLESPIE, KA	Delete ГНҮ	Title: () Name:	Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KATHY LAMB VP 01/06/2005