2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# P00000012419

Entity Name: FIVE STAR HEARING, INC.

Current Principal Place of Business:

5020 TAMIAMI TRAIL N.
114
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

5020 TAMIAMI TRAIL N.
114
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3626280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, KATHY
5020 TAMIAMI TRAIL N.
114
NAPLES, FL 34103 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GILLESPIE, THOMAS C
Address: 5814 S HAVANNA COURT
City-St-Zip: DENVER, CO 80111

Title: V ( ) Delete
Name: LAMB, KATHY E
Address: 6724 HARTLAND ST
City-St-Zip: FT MYERS, FL 33912

Title: D ( ) Delete
Name: GILLESPIE, KATHY
Address: 5814 S HAVANNA COURT
City-St-Zip: DENVER, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: LAMB, KATHY E
Address: P.O. BOX 638
City-St-Zip: MAUGANSVILLE, MD 21767

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

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

SIGNATURE: KATHY LAMB V.P. 01/10/2007

Electronic Signature of Signing Officer or Director — Date