

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029278

Entity Name: ALL EARS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

849 NE JENSEN BCH. BLVD.
JENSEN BCH, FL 34957

New Principal Place of Business:

Current Mailing Address:

849 NE JENSEN BCH. BLVD.
JENSEN BCH, FL 34957

New Mailing Address:

FEI Number: 59-3641454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMSON, GAIL E DR
2491 NE MILDRED ST
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

WILLIAMSON, GAIL E DR
1707 SE HONDO AVE
PORT ST. LUCIE, FL 34952 US

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: GAIL E. WILLIAMSON, AU.D.

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMSON, GAIL E DR
Address: 857 NE JENSEN BCH BLVD.
City-St-Zip: JENSEN BCH, FL 34957

Title: T () Delete
Name: VAN DE MARK, JOHN H
Address: 857 NE JENSEN BCH BLVD.
City-St-Zip: JENSEN BCH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMSON, GAIL E DR
Address: 849 NE JENSEN BCH BLVD.
City-St-Zip: JENSEN BCH, FL 34957

Title: T (X) Change () Addition
Name: VAN DE MARK, JOHN H
Address: 849 NE JENSEN BCH BLVD.
City-St-Zip: JENSEN BCH, FL 34957

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.

SIGNATURE: GAIL E. WILLIAMSON, AU.D.

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date