

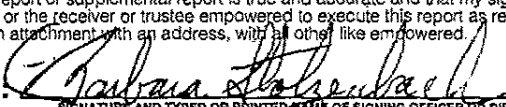


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000056265</b> <small>1. Entity Name</small> DIGITAL HEARING AID PLACE INC.					
<small>Principal Place of Business</small> 4951 TAMiami TRAIL N. #104 NAPLES, FL 34109	<small>Mailing Address</small> 4951 TAMiami TRAIL N. #104 NAPLES, FL 34109				
<b>DO NOT WRITE IN THIS SPACE</b>					
 04222005    No Chg-P    CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"><small>4. FEI Number</small> 59-3650583</td><td style="width: 20%;"><small>Applied For</small> Not Applicable</td></tr><tr><td colspan="2"><small>5. Certificate of Status Desired</small>    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b></td></tr></table>		<small>4. FEI Number</small> 59-3650583	<small>Applied For</small> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<small>4. FEI Number</small> 59-3650583	<small>Applied For</small> Not Applicable				
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<small>6. Name and Address of Current Registered Agent</small>  EVANS, SUSAN D ESQUIRE 1404 GOODLETTE ROAD N. NAPLES, FL 34102	<b>DO NOT WRITE IN THIS SPACE</b>				
<small>8. 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. I am familiar with, and accept the obligations of registered agent.</small>					
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000351346 05/02/05-80140-021 150.00			
<b>10. OFFICERS AND DIRECTORS</b>					
<small>TITLE</small>	PSTD	<b>DO NOT WRITE IN THIS SPACE</b>			
<small>NAME</small>	STOLZENBACH, BARBARA				
<small>STREET ADDRESS</small>	4951 TAMiami TRAIL N. #104				
<small>CITY - ST - ZIP</small>	NAPLES, FL 34109				
<small>TITLE</small>					
<small>NAME</small>					
<small>STREET ADDRESS</small>					
<small>CITY - ST - ZIP</small>					
<small>TITLE</small>					
<small>NAME</small>					
<small>STREET ADDRESS</small>					
<small>CITY - ST - ZIP</small>					
<small>TITLE</small>					
<small>NAME</small>					
<small>STREET ADDRESS</small>					
<small>CITY - ST - ZIP</small>					
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</small>					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/28/05    239435-0299 <small>Date    Daytime Phone #</small>			