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Jun 20, 2006 8:00 am
Secretary of State
06-20-2006 90013 034 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000056265

1. Entity Name
DIGITAL HEARING AID PLACE INC.

40096266

Principal Place of Business	Mailing Address
4951 TAMIAMI TRAIL N. #104 NAPLES, FL 34109	4951 TAMIAMI TRAIL N. #104 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

06132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3650583

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Carver, Moquist + O'Connor, LLC
Minnesota Small Business Services
1550 American Blvd. E. Suite 680
Bloomington, MN. 55425
Attn: Jeremy Kiecker, CPA

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	STOLZENBACH, BARBARA
STREET ADDRESS	4951 TAMIAMI TRAIL N. #104
CITY ST ZIP	NAPLES, FL, 34109
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Barbara Stolzenbach Barbara Stolzenbach 06/13/06 239-435-0299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #