2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056265

Entity Name: DIGITAL HEARING AID PLACE INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4951 TAMIAMI TRAIL N. #104 4951 TAMIAMI TRAIL N. #104 NAPLES, FL 34109 NAPLES, FL 34103 US

Current Mailing Address: New Mailing Address:

4951 TAMIAMI TRAIL N. #104 4951 TAMIAMI TRAIL N. #104 NAPLES, FL 34109 NAPLES, FL 34103 US

FEI Number: 59-3650583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALM MANAGEMENT CORP
2323 CANNOLOT BOULEVARD
PORT CHARL;OTTE, FL 33948 US
ALM MANAGEMENT CORP
4951 TAMIAMI TRAIL N. #104
NAPLES, FL 34103 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: 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ()Delete Title: ()Change ()Addition

 Name:
 MITCHELL, BARBARA A
 Name:

 Address:
 4951 TAMIAMI TRAIL N. #104
 Address:

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA A. MITCHELL PSTD 04/28/2009