

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081169

FILED
May 05, 2009
Secretary of State

Entity Name: ENHANCED LISTENING TECHNOLOGIES CORP.

Current Principal Place of Business:

3018 AMBROSE AVENUE
NASHVILLE, TN 37207

New Principal Place of Business:

Current Mailing Address:

3018 AMBROSE AVENUE
NASHVILLE, TN 37207

New Mailing Address:

FEI Number: 65-1131344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, THEODORE M
444 33RD STREET
WEST PALM BEACH, FL 33407 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMONS, THEODORE M
Address: 444-33RD ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: V () Delete
Name: SIMONS, ELISABETH A
Address: 444-33RD ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ST () Delete
Name: DILEGGE, JANICE S
Address: 3018 AMBROSE AVENUE
City-St-Zip: NASHVILLE, TN 37207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: THEODORE M SIMONS

PD

05/05/2009

Electronic Signature of Signing Officer or Director

Date