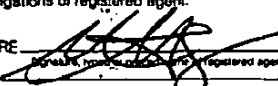
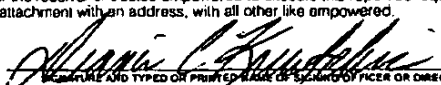


FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90212 050 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000107198			
1. Entity Name AUDIOLOGY CONSULTING & EVALUATION SERVICES, INC.			
Principal Place of Business 1389 S PURPLE MARTIN TERR INVERNESS, FL 34450		Mailing Address 1389 S PURPLE MARTIN TERR INVERNESS, FL 34450	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01152007		Chg-P CR2E034 (12/06)	
4. FEI Number 59-3759210		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSEPH CO CPA INC 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442		7. Name and Address of New Registered Agent Name: OLIVER - JOSEPH P.A. Street Address (P.O. Box Number is Not Acceptable) 2450 N. CITRUS HILLS BLVD City: HERNANDO FL Zip Code: 34442	
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:  (NOTE: Registered Agent signature required when registering) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KREUTCHIC, DIANA C 1389 S PURPLE MARTIN TERR INVERNESS, FL 34450 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Rita Holland 1389 S Purple Martin Terr Inverness FL 34450 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Diana C Holland 1389 S Purple Martin Terrace Inverness FL 34450 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Date: March 15, 2007	