2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# P02000005453

Entity Name: AUDIOLIFE HEARING AID CORP.

Current Principal Place of Business:

7842 NW 197 ST
MIAMI GARDENS, FL 33015

New Principal Place of Business:

Current Mailing Address:

7842 NW 197 ST
MIAMI GARDENS, FL 33015

New Mailing Address:

FEI Number: 30-0035309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLASENCIA, RAUL
7842 NW 197 ST
MIAMI GARDEN, FL 33015 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PLASENCIA, RAUL
Address: 7842 NW 197 STREET
City-St-Zip: MIAMI GARDEN, FL 33015

Title: VPD ( ) Delete
Name: PLASENCIA, MILAGROS
Address: 7842 NW 197 ST
City-St-Zip: MIAMI GARDEN, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RAUL PLASENCIA P 01/06/2007

Electronic Signature of Signing Officer or Director Date