


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P02000092831 1. Entity Name ADVANCED QUALITY HEARING SYSTEMS INC. |  |
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| Principal Place of Business 2900 W. SAMPLE RD. 0127 POMPANO BEACH, FL 33073 | Mailing Address 2900 W. SAMPLE RD. 0127 POMPANO BEACH, FL 33073 |
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01162006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 30-0129614 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FREIA, KENNETH 6986 PALMETTO CIR. SOUTH, APT 617 BOCA RATON, FL 33433 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000392216 01/24/06-80073-005 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FREIA, KENNETH 6986 PALMETTO CIR. SOUTH, APT 617 BOCA RATON, FL 33433 |
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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.

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| SIGNATURE: <u>Kenneth Freia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 1-16-06 954.975.5754 <small>Date Daytime Phone #</small> |
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