


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000103974	
1. Entity Name LISTENING EARS, INC.	

FILED

04 OCT 20 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 201 39TH ST SO SAINT PETERSBURG, FL 33711	Mailing Address P.O. BOX 11903 SAINT PETERSBURG, FL 33733
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2. Principal Place of Business 201.39 St So.	3. Mailing Address P.O. Box 11903
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09222004 Chg-P CR2E034 (10/03)

City & State St. Pete, FL	City & State St. Pete, FL
Zip 33711	Zip 33733
Country PINELLAS	Country PINELLAS

4. FEI Number 54-2075859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

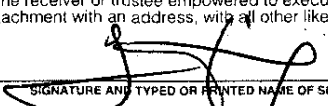
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KING, YVONNE 201.39th St. So. 501 116TH AVE. N., LAKESIDE VILLAGE ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042017110 10/20/04--01049--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

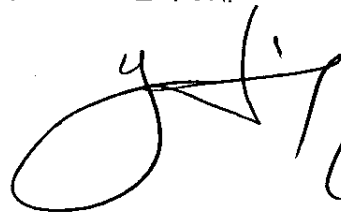
SIGNATURE:  (YVONNE KING) Oct 02/04 (727) 323.2713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Oct 1/84

To whom it may concern:
I am requesting a waiver of late
fees. I did not receive a tax
form. I had to request the form.
Then the requested form was
sent to the wrong address (P.O. Box
1903). So that delayed the process
even more. Here is my \$150.
report fee. Please take this
matter in consideration.

Sincerely,



(YVONNE KRAG)

Listening EARS Incorp.

(727) 323.2713