

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029241

FILED
Jan 06, 2005
Secretary of State

Entity Name: HEARING LOSS MANAGEMENT, INC.

Current Principal Place of Business:

5755 INDIANA AVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1559
ELFERS, FL 34680

New Mailing Address:

FEI Number: 81-0605133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIR, GUY M
500 AUSTRALIAN AVENUE SOUTH, 9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SHIR, GUY M
1800 N.W. CORPORATE BLVD.
SUITE 102
BOCA RATON, FL 33431 US

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

01/06/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TURRI, ALBERT FLOYD
Address: 5755 INDIANA AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: ALBERT F. TURRI

Electronic Signature of Signing Officer or Director

PSTD

01/06/2005

Date