2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000031880

Entity Name: AUDIO EASE, INC.

FILED Jul 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4310 WOODSIDE MANOR DR TAMPA, FL 33624

Current Mailing Address: New Mailing Address:

4310 WOODSIDE MANOR DR TAMPA, FL 33624

FEI Number: 56-2363017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US JONES, BRENT A ESQ. 220 S. FRANKLIN STREET TAMPA, FL 33602 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: BRENT A. JONES, ESQ. 07/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 HAYES, CHRIS
 Name:
 HAYES, CHRISTIAN M

 Address:
 4310 WOODSIDE MANOR DR
 Address:
 4310 WOODSIDE MANOR DR

City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624

Title: V () Delete Title: VPS (X) Change () Addition Name: CHANG, ANDREA Name: CHANG, ANDREA M

 Address:
 2406 KENNWICK DR.
 Address:
 2406 KENWICK DR.

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33594

Title: S () Delete Title: T (X) Change () Addition Name: HAYES, MARK Name: HAYES, KENNETH S

Name:HAYES, MARKName:HAYES, KENNETH SAddress:4310 WOODSIDE MANOR DR.Address:4310 WOODSIDE MANOR DR.

Address: 4310 WOODSIDE MANOR DR. Address: 4310 WOODSIDE MANOR DR. City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624

Ny ot 2.p. 17411174, 12 0002.

Title: O () Delete Title: D (X) Change () Addition Name: HAYES, DENNIS J Name: HAYES, DENNIS J

Address: 2 CENTENNIAL DR.
City-St-Zip: CENTERVILLE, NY 10923

Address: 2 CENTERVILLE, NY 10923

City-St-Zip: CENTERVILLE, NY 10923

 $\label{eq:title:D} {\sf Title:} \qquad {\sf O} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:HAYES, PATRÍCIAName:HAYES, PATRÍCIAAddress:2 CENTENNIAL DR.Address:2 CENTENNIAL DR.City-St-Zip:CENTERVILLE, NY 10923City-St-Zip:CENTERVILLE, NY 10923

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: ANDREA M. CHANG VPS 07/25/2005