

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080210

FILED
Sep 04, 2005
Secretary of State

Entity Name: HEARING IN PARADISE, INC.

Current Principal Place of Business:

649 FIFTH AVE SOUTH
204
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

649 FIFTH AVE SOUTH
204
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 16-1677754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORGAN, SYLVIA J
2524 KINGS LAKE BLVD
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

HORGAN, SYLVIA J
649 FIFTH AVE SOUTH
NAPLES, FL 34102 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: SYLVIA J. HORGAN

09/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HORGAN, SYLVIA J
Address: 649 FIFTH AVE. SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: VP () Delete
Name: HORGAN, CRAIG A
Address: 649 FIFTH AVE. SOUTH
City-St-Zip: NAPLES, FL 34102 US

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 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: CRAIG HORGAN

MR

09/04/2005

Electronic Signature of Signing Officer or Director

Date