

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059903

FILED
Jan 04, 2007
Secretary of State

Entity Name: HEARING HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

2290 S VOLUSIA AVE SUITE A
ORANGE CITY, FL 32763

New Principal Place of Business:

P.O. BOX 530700
DEBARY, FL 32753

Current Mailing Address:

P.O. BOX 530700
DEBARY, FL 32753

New Mailing Address:

FEI Number: 87-0724177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAVONE, MATTHEW
121 FERN SPRINGS ST.
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAVONE, MATTHEW
Address: 2290 S VOLUSIA AVE SUITE A
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAVONE, MATTHEW
Address: P.O. BOX 530700
City-St-Zip: DEBARY, FL 32753

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MATTHEW PAVONE

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date