2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000117608

1. Entity Name
ALLAN'S HEARING SYSTEMS, INC.

Principal Place of Business
10771-208 BEACH BOULEVARD
JACKSONVILLE, FL 32246   US

Mailing Address
972 N LILAC LOOP
JACKSONVILLE, FL 32259   US

DO NOT WRITE IN THIS SPACE

FILED
Jan 12, 2006 08:00 AM
Secretary of State

01082006   No Chg-P   CR2E034 (11/05)

4. FEI Number
20-1512063

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEINFELD, ALLAN S
972 N LILAC LOOP
JACKSONVILLE, FL 32259

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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 ___ALLAN S. KLEINFELD___   1/10/06
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	KLEINFELD, ALLAN S	
STREET ADDRESS	972 N LILAC LOOP	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	V	
NAME	KLEINFELD, PAMELA S	
STREET ADDRESS	972 N LILAC LOOP	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE		
NAME		
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CITY-ST-ZIP		

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01/17/06-80035-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 ___ALLAN S. KLEINFELD___ 1/10/06 904-998-2484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #