2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047640

Entity Name: HEARING AIDS OF JACKSONVILLE, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	NDING BLVD IVILLE, FL 322	210 US			
Current Mailing Address:			New Mailing Address:		
PO BOX 16952 JACKSONVILLE, FL 322456952 US			2269 BLANDING BLVD JACKSONVILLE, FL 32210 US		
FEI Number	: 20-2593957	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:		
2269 BLAI	I, DARYLL NDING BLVD IVILLE, FL 322	210 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ARMONDI, DAI 2269 BLANDIN		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ARMONDI, DAI 2269 BLANDIN		Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: DARYLL ARMONDI Ρ 04/27/2007