

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/24/2006-90452-038-\$150.00-\$150.00

DOCUMENT # P05000119041	
1. Entity Name AUDIFON USA, INC.	



Principal Place of Business WERNER-VON-SIEMENS - STR.2 KOLLEDA, GERMANY 99625,	Mailing Address 200 S. ORANGE AVE., STE. 2300 ORLANDO, FL 32801
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2. Principal Place of Business 403 Chairman Court Suite, Apt. #, etc. Suite 1	3. Mailing Address Werner-von-Siemens-Str.2 Suite, Apt. #, etc.
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City & State Debary, FL	City & State Kölledda
Zip 32713	Country USA
Zip 99625	Country Germany

03202006	Chg-P	CR2E034 (11/05)
4. FEI Number 98-0465987	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent A.G.C. CO. 200 S. ORANGE AVE., SUNTRUST CENTER, #2300 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ *Bo. 3. 2006* *A. Kuhl*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
06 MAY 23 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

