

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119041

Entity Name: AUDIFON USA, INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

403 CHAIRMAN COURT
SUITE 1
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

WERNER-VON-SIEMENS-STR. 2
KOLLEDA, GERMANY
99625, XX

New Mailing Address:

WERNER-VON-SIEMENS-STR. 2
KOLLEDA, GE GE

FEI Number: 98-0465987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S. ORANGE AVE., SUNTRUST CENTER, #2300
ORLANDO, FL 32801 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: PST () Delete
Name: KIND, ALEXANDER DR
Address: C/O KOKENHOVSTSTR. 3-5
City-St-Zip: BURGWEDEL, GERMANY, 30938 OC

Title: V () Delete
Name: RAMSEY, BRENT
Address: 403 CHAIRMAN COURT
City-St-Zip: DEBARY, FL 32713

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: KIND, ALEXANDER DR
Address: C/O KOKENHOVSTSTR. 3-5
City-St-Zip: BURGWEDEL, GE 30938

Title: T (X) Change () Addition
Name: HENSEL, JORG
Address: IM HAHNEGARTEN 2
City-St-Zip: ERFURT, GE 99092

Title: VP () Change (X) Addition
Name: PERRONE, JANE
Address: 123 EDGEWATER CIRCLE
City-St-Zip: SANFORD, FL 32773

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: DR. ALEXANDER KIND

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04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date