2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P06000008336

Entity Name: SOUTH FLORIDA HEALTHY HEARING, INC.

Current Principal Place of Business:

20283 STATE ROAD 7
SUITE 102
BOCA RATON, FL 33498

New Principal Place of Business:

2501 W. HILLSBORO BLVD.
SUITE 101
DEERFIELD BEACH, FL 33442

Current Mailing Address:

20283 STATE ROAD 7
SUITE 102
BOCA RATON, FL 33498

New Mailing Address:

2501 W. HILLSBORO BLVD.
SUITE 101
DEERFIELD BEACH, FL 33442

FEI Number: 20-4120433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARBER, ANDREW
20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498 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: D, P ( ) Delete
Name: FARBER, HAROLYN
Address: 20283 STATE RD. 7, SUITE 300
City-St-Zip: BOCA RATON, FL 33498 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change ( ) Addition
Name: FARBER, HAROLYN
Address: 2501 W. HILLSBORO BLVD., SUITE 101
City-St-Zip: DEERFIELD BEACH, FL 33442 US

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: HAROLYN FARBER PRES 04/25/2007

Electronic Signature of Signing Officer or Director — Date