

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033892

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: AUDIOLOGY PROFESSIONALS, INC.

## Current Principal Place of Business:

4046 CATTLEMEN RD  
SARASOTA, FL 34233 US

## New Principal Place of Business:

## Current Mailing Address:

4046 CATTLEMEN RD  
SARASOTA, FL 34233 US

## New Mailing Address:

FEI Number: 65-0585743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ERICSSON, LESLEY D  
1233 WAGON WHEEL DR  
SARASOTA, FL 34240 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 ( ) Delete  
Name: ERICSSON, LESLEY  
Address: 1233 WAGON WHEEL DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: STVP ( ) Delete  
Name: DEBONDT, SUSAN  
Address: 2509 JAMAICA ST.  
City-St-Zip: SARASOTA, FL 34231

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN DEBONDT

STVP

04/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date