


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000004928 1. Entity Name PROFESSIONAL HEARING CARE INC.			
Principal Place of Business 1205 SOUTH POWERLINE ROAD POMPAÑO BEACH, FL 33069		Mailing Address 1205 SOUTH POWERLINE ROAD POMPAÑO BEACH, FL 33069	
DO NOT WRITE IN THIS SPACE			
5. Name and Address of Current Registered Agent COPPOLA, PATRICE M 1205 S POWERLINE ROAD POMPAÑO BEACH, FL 33069		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATUS, GERALD E 1205 S POWERLINE ROAD POMPAÑO BEACH, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPOLA, ROBERT C. 1205 SOUTH POWERLINE ROAD POMPAÑO BEACH, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, SIDNEY J 1205 S POWERLINE ROAD POMPAÑO BEACH, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPOLA, PATRICE M. 1205 S POWERLINE ROAD POMPAÑO BEACH, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Patricia Coppola</u>		1/6/05 (954) 772-2299	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0633858	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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01/11/05-80029-006 158.75

**DO NOT WRITE
IN THIS SPACE**