2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P96000051084

Entity Name: TRI-COUNTY AUDIOLOGY AND HEARING AID SERVICES, INC.

Current Principal Place of Business:

3519 N LECANTO HWY
BEVERLY HILLS, FL 34465

New Principal Place of Business:

Current Mailing Address:

3519 N LECANTO HWY
BEVERLY HILLS, FL 34465

New Mailing Address:

FEI Number: 59-3386113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DITCHFIELD, DAVID
4524 W PINTO LP
BEVERLY HILLS, FL 34465 US

Name and Address of New Registered Agent:

DITCHFIELD, DAVID W
4524 W PINTO LOOP
BEVERLY HILLS, FL 34465 US

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: DAVID W. DITCHFIELD 03/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: DITCHFIELD, DAVID
Address: 4524 W. PINTO LOOP
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: DITCHFIELD, DAVID W P
Address: 4524 W. PINTO LOOP
City-St-Zip: BEVERLY HILLS, FL 34465

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: DAVID W. DITCHFIELD P 03/30/2009
Electronic Signature of Signing Officer or Director Date