

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097527

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: THE HEARING FACTORY INC

## Current Principal Place of Business:

3268 US HIGHWAY 441 SOUTH  
OKEECHOBEE, FL 34974 US

## New Principal Place of Business:

1515 UNIVERSITY DRIVE  
115  
CORAL SPRINGS, FL 33071 US

## Current Mailing Address:

P.O. BOX212409  
ROYALPALMBEACH, FL 33421

## New Mailing Address:

FEI Number: 65-0808661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELTONE HEARING AID CENTER  
3268 US HIGHWAY441 SOUTH  
OKEECHOBEE, FL 34974 US

## Name and Address of New Registered Agent:

BELTONE HEARING AID CENTER  
15 15 UNIVERSITY DRIVE  
SUITE 115  
CORAL SPRING, FL 33071 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: DON F KUTIK

03/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KUTIK, MARY ANN  
Address: P.O.BOX 212409  
City-St-Zip: ROYALPALM BEACH, FL 33421

Title: VP (X) Delete  
Name: KUTIK, DON F  
Address: P.O. BOX212409  
City-St-Zip: ROYAL PALM BEACH, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KUTIK, DON F  
Address: P.O.BOX 212409  
City-St-Zip: ROYALPALM BEACH, FL 33421

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

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: DON F KUTIK

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date