2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # P97000108210 1. Entity Name HEAR TECH, INC.						04-11-2005 90139 029 ***150.00				
Principal Plac	e of Business	Mailing Address	Mailing Address		40051972					
3261 US HW BLDG C STE		3261 US HWY 27/441 BLDG C STE C3				• • • • •	- , .			
	ARK, FL 34731	FRUITLAND PARK, FL 34731			5 M M 1 M M 1 M 1	lin iban arin asm sais	n (1819 8 8191 18118 1	1891 011 081	HERT (C. 1881	
2. Principal P	lace of Business	3. Mailing Address								
						IIN IBBIT BAIR SENS BAIS	EN ITMIT MATCH! CONTACT	ilani mam 4%:	IMB1 (I IMB)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04062005	Chg-P	CR2E034	(10/03)		
City & State	9	City & State			4. FEI Number 59-3485	685			plied For	
Zip Country		Zip "Country			· · · · · · · · · · · · · · · · · · ·	Status Desired		3.75 Add	itional	
	6 Name and Address of Courant	Pagietered Agent	L		<u> </u>	ddress of New R	— ге	e Required		
6. Name and Address of Current Registered Agent				lame	7. Italily ally P	Idaiess of Hem N	egistered Age	,,,t		
ELLER, THOMAS M 4332 SERENE CIRCLE FRUITLAND PARK, FL 34731				Street Address (P.O. Box Number is Not Acceptable)						
FRUITLAN	D PARK, FL 34/31									
				ity			FL	Zip Code	9	
	named entity submits this statement fo ions of registered agent,	r the purpose of changing its	registered o	ffice or registe	red agent, or both	, in the State of Flo	rida. I am fan	niliar with,	and accept	
SIGNATURE										
0.0	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Age	ent signature require	d when reinstating)		DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campai Trust Fund Contr			.00 May Be led to Fees					
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF				
TITLE NAME			TITLE NAME				E	Change	Addition Addition	
STREET ADDRESS	·		STREET A	ODRESS						
CITY-ST-ZIP			CITY-ST-	ZIP						
TITLE NAME			TITLE NAME					Change	Addilion	
STREET ADDRESS			STREET A	DORESS						
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-	ZIP					·	
TITLE	_ *****		TITLE NAME] Change	Addition	
STREET ADDRESS			STREET A	DORESS						
CITY-ST-ZIP			CITY-ST-	ZIP						
TITLE		☐ Delete	TITLE				[Change	Addition	
NAME STREET ADDRESS			name Street a	DDRESS						
CITY-ST-ZIP			CITY-ST-	ZIP						
TITLE			TITLE					Change	☐ Addition	
NAME STREET ADDRESS	. •		NAME STREET A	DORESS						
CITY-ST-ZIP			CHY-ST-							
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME	pporce						
STREET ADDRESS CITY-ST-ZIP			STREET A							
12 I horoby	I	this filing does not qualify fo	r the exemp	tion stated in S	ection 119.07(3)(i)	, Florida Statutes.	I further certify	that the in	ntormation	

12. Thereby certify that the information supplied with this little described 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: 1

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V4/6/05 X352-360-0500