## MAG EAD BRACKT

SIGNATURE:

## Jun 05, 2006 8:00 am Secretary of State

06-05-2006 90148 041 \*\*\*150.00

ANNUAL REPORT			
DOCUMENT # P98000072230			

1. Entity Nam HEALTHY HEARING, INC. Principal Place of Business Mailing Address 50020660 709 HODSON BAY DR PALM BEACH GARDENS, FL 33410 709 HUDSON BAY DR PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address 12588 12588 83 Suite, Apt. #, etc Suite, Apt. #, etc 05192006 CR2E034 (11/05) Cha-F 4. FEI Number Applied For 65-0858465 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, DAVID M Not Acceptable) 709 HUDSON BAY DR PALM BEACH GARDENS, FL 33410 Zip Code 412 eac 8. The above named entity mits 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 regis 30 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.0∂ May Be FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Address Change ... Defete MILLER, DAVID M NAME NAME 709 HUDSON BAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33410 CITY-ST-ZiP TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP opplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information tall report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director step empowered to execute this report as feculired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supplem of the corporation or the receiver 30

#### **Division of Corporations**

West Palm Beach



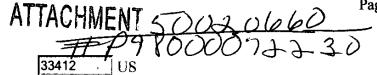
# ATTACHMENT 50020660 Division of Corporations

### Annual Report

	minual Report			
	* Annual Report Help			
•	· · · · · · · · · · · · · · · · · · ·			
	Document Number <b>P98000072230</b>			
	Business Entity Name			
HEALTHY HEARING, INC.				
☑ After May 1st of each year, a late charge of \$400.00 is imposed, except in				
	e entity did not receive prior notice. Please check fter May 1st and notice was not received.			
tills box if fining at	iter way 1st and notice was not received.			
FEI Number	650858465			
FEI Number Status	• Listed Above • Applied For • Not Applicable			
Certificate of Status Desired	. O Yes • No \$8.75 each			
Election Campaign Financing Trust Fu	nd Contribution C Yes 6 No			
D <sub>r</sub>	incipal Place of Business			
Address	12588 83rd Lane North			
Suite, Apt. #, etc.				
City, State	West Palm Beach   FL			
Zip Code & Country	1 ************************************			
zip code & country	y <u>                                     </u>			
	Mailing Address			
Address	12588 83rd Lane North			
Suite, Apt. #, etc.				
City, State	West Palm Beach FL			
Zip Code & Country	y <mark>33412</mark>			
ivaine an	nd Address of Registered Agent			
Name (Last, First, Middle, Title)	MILLER , DAVID , M ,			
- OR -				
Business to serve as RA				
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
Address (PO Box is not acceptable	le) 12588 83rd Lane North			
Suite, Apt. #, etc.				

Zip Code & Country

City, State



If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

own RA

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

#### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to --download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	<u>  P </u> .
Name (Last, First, Middle, Title)	MILLER ,DAVID ,M ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	12588 83rd Lane North
City, State	West Palm Beach , FL
Zip Code & Country	33412
Title	
Name (Last, First, Middle, Title)	, ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	, ,
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	, , , , , , , , , , , , , , , , , , , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	

Division of Corporations	ATTACHMENT 5 () (2) (a) (a) Page 3 of 4
	#18000072230
Zip Code & Country	
Title	
Name (Last, First, Middle, Title) - OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	, , , , , , , , , , , , , , , , , , , ,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
Gity, State	,
Zip Çode & Country	

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be

made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that