


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

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

<b>DOCUMENT # P98000072230</b>					
<b>1. Entity Name</b> HEALTHY HEARING, INC.					
<b>Principal Place of Business</b> 709 HUDSON BAY DR PALM BEACH GARDENS, FL 33410			<b>Mailing Address</b> 709 HUDSON BAY DR PALM BEACH GARDENS, FL 33410		
<b>50020660</b>					
<b>2. Principal Place of Business</b> 12588 83 <sup>rd</sup> Lane N.		<b>3. Mailing Address</b> 12588 83 <sup>rd</sup> Lane North			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> West Palm Beach, FL		<b>City &amp; State</b> West Palm Beach, FL		<b>4. FEI Number</b> 65-0858465	
<b>Zip</b> 33412		<b>Country</b> Palm Beach		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  MILLER, DAVID M 709 HUDSON BAY DR PALM BEACH GARDENS, FL 33410			<b>7. Name and Address of New Registered Agent</b>  Name: Miller, David M Street Address (P.O. Box Number is Not Acceptable): 12588 83 <sup>rd</sup> Lane North City: West Palm Beach FL Zip Code: 33412		
<b>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.</b> SIGNATURE: <u>David M Miller</u> DATE: <u>5/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> MILLER, DAVID M		<b>TITLE</b> P	<b>NAME</b> David Miller	
<b>STREET ADDRESS</b> 709 HUDSON BAY DR	<b>STREET ADDRESS</b> PALM BEACH, FL 33410		<b>STREET ADDRESS</b> 12588 83 <sup>rd</sup> Lane North	<b>STREET ADDRESS</b> West Palm Beach, FL 33412	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <u>David M Miller</u> <u>5/30/06</u> <u>561.694.7707</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



**ATTACHMENT**  
**50020660**  
**Division of Corporations**

**Annual Report**

Annual Report Help

Document Number

**P98000072230**

Business Entity Name

**HEALTHY HEARING, INC.**

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

**650858465**

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

**Principal Place of Business**

Address

**12588 83rd Lane North**

Suite, Apt. #, etc.

City, State

**West Palm Beach****FL**

Zip Code &amp; Country

**33412**

**Mailing Address**

Address

**12588 83rd Lane North**

Suite, Apt. #, etc.

City, State

**West Palm Beach****FL**

Zip Code &amp; Country

**33412**

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

**MILLER****DAVID****M**

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

**12588 83rd Lane North**

Suite, Apt. #, etc.

City, State

**West Palm Beach****FL**

Zip Code &amp; Country

ATTACHMENT 50020660  
#P98000072230  
33412 US

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.

**Registered Agent Signature**

*David M. Miller*

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   
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

City, State

ATTACHMENT

570020660  
#P8000022230

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code &amp; 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

P  
Daver 4/4/16

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