


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000010085
 1. Entity Name
GIBSON'S HEARING TECHNOLOGIES, INC.



Principal Place of Business Mailing Address
2344 BEE RIDGE RD #101 **2344 BEE RIDGE RD #101**
SARASOTA, FL 34239 **SARASOTA, FL 34239**



05102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0890755 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIBSON, DOUGLAS J
2344 BEE RIDGE RD #101
SARASOTA, FL 34239

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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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| OFFICERS AND DIRECTORS | |
|------------------------|--|
| TITLE P | GIBSON, DOUGLAS J 2344 BEE RIDGE RD. #101 SARASOTA, FL 34239 |
| TITLE VP | GIBSON, DOUGLAS J 2344 BEE RIDGE RD #101 SARASOTA, FL 34239 |
| TITLE S | GIBSON, DOUGLAS J 2344 BEE RIDGE RD #101 SARASOTA, FL 34239 |
| TITLE T | GIBSON, DOUGLAS J 2344 BEE RIDGE RD #101 SARASOTA, FL 34239 |
| TITLE NAME | |
| TITLE NAME | |

1100000763940
 05/30/07-80036-011 150.00

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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 fee empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/07

Date Daytime Phone #