## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT **FILED** Feb 21, 2007 08:00 AM **DOCUMENT # P99000086772 Secretary of State** EXCÁLIBUR AUDIOLOGY AND HEARING AID SERVICES, INC. Mailing Address Principal Place of Business 3519 N. LECANTO HWY 3519 N. LECANTO HWY **BEVERLY HILLS, FL 34465 BEVERLY HILLS, FL 34465** No Chg-P CR2E034 (11/05) 01232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3599842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DITCHFIELD, DAVID DO NOT WRITE 4524 WEST PINTO LOOP **BEVERLY HILLS, FL 34465** IN THIS SPACE 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. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) U000000642882 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 03/01/07-80061-020 150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DITCHFIELD, DAVID W NAME STREET ADDRESS 4524 W. PINTO LOOP CITY-ST-ZIP **BEVERLY HILLS, FL 34465** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 all other like empowered.

CICNIATUDE.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

DAVID WIDITCHFIELD

PRESIDENT

2/15/07 352-746-1133