


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # S61660 1. Entity Name HEARING AID TECHNOLOGY ASSOCIATES, INC.					
Principal Place of Business 6626 W ATLANTIC AVE DELRAY BEACH FL 33446 US			Mailing Address 6626 W ATLANTIC AVE DELRAY BEACH FL 33446 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0268865				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADDONIZIO, CHARLES A. 2658 S.E. ERICKSON DRIVE PORT SAINT LUCIE FL 34952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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) Signature, typed or printed name of registered agent and title if applicable DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME ADDONIZIO, CHARLES A. STREET ADDRESS 2658 SE ERICKSON DR CITY-ST-ZIP PT ST LUCIE FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000468093 03/24/06-80016-007 150.00	
TITLE S NAME ADDONIZIO, ADELINE D STREET ADDRESS 2658 SE ERICKSON DR CITY-ST-ZIP PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <u>Charles A. Addonizio</u> Charles Addonizio 3-10-06 561-496-3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					