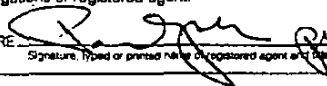
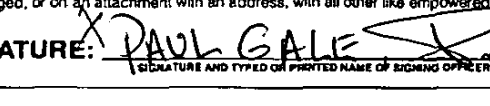


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4 **FILED**
Apr 27, 2005 8:00 am
Secretary of State

04-01-2005 90024 002 ***150.00

DOCUMENT # S91306			
1. Entity Name COMPUTER HEARING, INC.			
Principal Place of Business 4879 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417		Mailing Address 4879 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2418779		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALE, LYNN 4879 OKEECHOBEE BLVD WEST PALM BEACH, FL 33417		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  Signature, typed or printed name of registered agent and fee, if applicable.		(NOTE: Registered Agent signature required when re/instating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALE, PAUL 2000 EMBASSY DR WEST PALM BEACH, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALE, PAUL 4879 OKEECHOBEE BLVD W.P.B. FL 33417 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GALE, LYNN 2000 EMBASSY DR WEST PALM BEACH, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GALE, LYNN 4879 OKEECHOBEE BLVD W.P.B. FL 33417 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		X 4-22-05 561-6861791 DATE DAYTIME PHONE #	

66013588



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