

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91306

Entity Name: COMPUTER HEARING, INC.

FILED
Sep 08, 2009
Secretary of State

Current Principal Place of Business:

8480 OKEECHOVEE BLVD SUITE #4
WEST PALM BEACH, FL 33411

New Principal Place of Business:

5117 WILLOW POND RD W
WEST PALM BEACH, FL 33417

Current Mailing Address:

4879 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417

New Mailing Address:

5117 WILLOW POND RD W
WEST PALM BEACH, FL 33417

FEI Number: 59-2418779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALE, LYNN
4879 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

GALE, LYNN
5117 WILLOW POND RD W
WEST PALM BEACH, FL 33417 US

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.

SIGNATURE:

09/08/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALE, PAUL
Address: 4879 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: STD () Delete
Name: GALE, LYNN
Address: 4879 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GALE, PAUL
Address: 5117 WILLOW POND RD W
City-St-Zip: WEST PALM BEACH, FL 33417

Title: STD (X) Change () Addition
Name: GALE, LYNN
Address: 5117 WILLOW POND RD W
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL GALE

P

09/08/2009

Electronic Signature of Signing Officer or Director

Date