2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 10, 2007 08:00 AM Secretary of State DOCUMENT # P01000109093 M. AND M. HEARING, INC. Principal Place of Business Mailing Address 4069 LISKA CIR 4069 LISKA CIR VALDOSTA, GA 31605 VALDOSTA, GA 31605 04122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3755656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOUGHRAN, MYRA P.A. DO NOT WRITE 333 1ST ST N, STE 305 JACKSONVILLE, FL 32250 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME MILLER, MIKE STREET ADDRESS 4069 LISKA CIR U00000763146 05/29/07-80043-007 150.00 CITY-ST-ZIP VALDOSTA, GA 31605 JITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP HILE 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 address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-SI-7IP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED