2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P98000041486

Entity Name: RECORD TRANSCRIPTS INC.

Current Principal Place of Business:

501 E. KENNEDY BLVD.
SUITE 1230
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

501 E. KENNEDY BLVD.
SUITE 1230
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 65-0853266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOMASI, JOHN G
501 E. KENNEDY BLVD.
SUITE 1230
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HOLM, SHARON L GM
501 E. KENNEDY BLVD.
SUITE 1230
TAMPA, FL 33602 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: SHARON L. HOLM 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TUCKER, DAVID W
Address: 2829 AGRICOLA STREET
City-St-Zip: HALIFAX, NOVA SCOTIA, B3K 4E5

Title: DP (X) Delete
Name: SULLIVAN, DAVID M
Address: 2829 AGRICOLA ST
City-St-Zip: HALIFAX, NS, B3K 455

Title: DS (X) Delete
Name: RAFUSE, RICHARD N
Address: 1600-5151 GEORGE ST
City-St-Zip: HALIFAX, NS, B3J 1M5

Title: V (X) Delete
Name: TOMASI, JOHN G
Address: 7210 72ND COURT
City-St-Zip: BROOKLYN, NY 11209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SULLIVAN, DAVID M PRES
Address: 2829 AGRICOLA STREET
City-St-Zip: HALIFAX,, NS B3K 455 CA

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID M. SULLIVAN P 04/16/2009
Electronic Signature of Signing Officer or Director Date