



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

| | | | |
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| DOCUMENT # J65660 1. Entity Name COMPUTER TRANSCRIPTION, INC. | |  | |
| Principal Place of Business 2550 26TH STREET WEST BRADENTON, FL 34205 | | Mailing Address 2550 26TH STREET WEST BRADENTON, FL 34205 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 02222006 No Chg-P CR2E034 (11/05) | |
| DO NOT WRITE IN THIS SPACE | | 4. FEI Number 59-2797357 | |
| | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LAFORST, DARLENE 2550 26TH ST. W. BRADENTON, FL 34205 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 1000000464473 03/21/06-80117-022 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST LAFORST, DARLENE 2550 26TH STREET WEST BRADENTON, FL | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAFORST, DARLENE 2550 26TH STREET WEST BRADENTON, FL | | |
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| 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: <i>Darlene LaForest</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 37006 Date Daytime Phone # | |