2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 14, 2005 08:00 AM **Secretary of State** DOCUMENT # P00000105589 1. Entity Name AMERICA'S CHOICE TRANSCRIPTION, INC. Principal Place of Business Mailing Address 6283 HEATHER LANE 6283 HEATHER LANE PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 No Cha-P CR2E034 (10/03) 01062005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3684867 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KRODEL, WILLIAM H EA DO NOT WRITE 4437 CENTRAL AVE. SAINT PETERSBURG, FL 33713 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE JULIAN, R. VICKIE NAME 6283 HEATHER LANE STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 U00000180980 TITLE 01/14/05-80028-017 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED