2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State DOCUMENT # P01000026951 05-02-2006 90278 001 *1,500.00 1. Entity Name WICKLEIN TRANSCRIPTION, INC. Principal Place of Business Mailing Address 4852 GRAPEVINE WAY 4852 GRAPEVINE WAY 66013655 **DAVIE, FL 33331 DAVIE, FL 33331** 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1085183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WICKLEIN, ROSLYN J DO NOT WRITE **4852 GRAPEVINE WAY DAVIE, FL 33331** 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE n WICKLEIN, ROSLYN J NAME **4852 GRAPEVINE WAY** STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33331** TITLE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 templemental 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 attact, then twith an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> Charles M. Diveto, Jr., CPA, PA UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICE ACTION OF A 4th Street Plantation, Florida 33317

FILED