2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P93000000493

Entity Name: SPECIALIZED TYPING SERVICES, INC.

Current Principal Place of Business:

1515 UNIVERSITY DRIVE
SUITE 104
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

1515 UNIVERSITY DRIVE
SUITE 203A
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

1515 UNIVERSITY DRIVE
SUITE 104
CORAL SPRINGS, FL 33071 US

New Mailing Address:

1515 UNIVERSITY DRIVE
SUITE 203A
CORAL SPRINGS, FL 33071 US

FEI Number: 65-0385116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERALD M PEPPER & ASSOC PA
1515 UNIVERSITY DR
#114
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: MALLEN, RAE
Address: 1515 UNIVERSITY DR #104
City-St-Zip: CORAL SPRINGS, FL

Title: ST ( ) Delete
Name: MALLEN, RAE
Address: 1515 UNIVERSITY DR STE.,#104
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change ( ) Addition
Name: MALLEN, RAE
Address: 1515 UNIVERSITY DR #203A
City-St-Zip: CORAL SPRINGS, FL

Title: ST (X) Change ( ) Addition
Name: MALLEN, RAE
Address: 1515 UNIVERSITY DR STE.,#203A
City-St-Zip: CORAL SPRINGS, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAE MALLEN PVD 04/28/2005

Electronic Signature of Signing Officer or Director Date