


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90031 036 ***150.00

DOCUMENT # P97000021043	
1. Entity Name TRANSCRIPTION ASSOCIATES, INC.	

Principal Place of Business 17722 MAPLEWOOD DR BOCA RATON, FL 33487	Mailing Address 17722 MAPLEWOOD DR BOCA RATON, FL 33487
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00010039

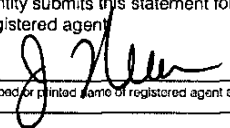
2. Principal Place of Business 7722 Villa Nova Dr	3. Mailing Address 7722 Villa Nova Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33433	Country USA



01182006 Chg-P CR2E034 (11/05)

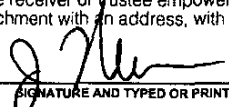
6. Name and Address of Current Registered Agent NEWMAN, JANICE 17722 MAPLEWOOD DR BOCA RATON, FL 33487	
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7. Name and Address of New Registered Agent	
Name Janice Newman	
Street Address (P.O. Box Number is Not Acceptable) 7722 Villa Nova Dr	
City Boca Raton	FL Zip Code 33433

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 	DATE 1/29/05

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWMAN, JANICE		NAME JANICE NEWMAN	
STREET ADDRESS 17722 MAPLEWOOD DR		STREET ADDRESS 7722 Villa Nova Dr	
CITY-ST-ZIP BOCA RATON, FL 33487		CITY-ST-ZIP Boca Raton FL 33433	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  JANICE NEWMAN	Date 1/29/05 561-391-8090