2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000035490

1. Entity Name OVIEDO TRANSCRIPTION, INC.



FILED
Jan 28, 2005 08:00 AM
Secretary of State

Principal Place of Business

2584 EKANA DRIVE OVIEDO, FL 32765 Mailing Address

2584 EKANA DRIVE OVIEDO, FL 32765



01202005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3440941

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIRMEYER, PATRICIA 2584 EKANA DRIVE OVIEDO, FL 32765

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GVIEBO, I E 32703			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 life if applicable (NOTE. Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIRMEYER, PATRICIA 2584 EKANA DRIVE OVIEDO, FL 32765				000000202308 01/28/05-80103-022 15 0.0 0
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		
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					

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 othersike empowered.

SIGNATURE:X___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

-0/05 Date

Daylime Phone #