2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# P97000041923

Entity Name: TRANSCRIPTION SOLUTIONS, INC.

Current Principal Place of Business:

1712 KINGSLAY AVE.
#2
ORANGE PARK, FL 32073 US

New Principal Place of Business:

2301 PARK AVENUE
#300
ORANGE PARK, FL 32073 US

Current Mailing Address:

1712 KINGSLAY AVE.
#2
ORANGE PARK, FL 32073 US

New Mailing Address:

2301 PARK AVENUE
#300
ORANGE PARK, FL 32073 US

FEI Number: 59-3448496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRESHAM, GAIL A
1712 KINGSLEY AVE
#2
ORANG PARK, FL 32073 US

Name and Address of New Registered Agent:

GRESHAM, GAIL A CMT
2301 PARK AVENUE
#300
ORANG PARK, FL 32073 US

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: SUSAN P. ACOSTA 01/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: GRESHAM, GAIL A
Address: 1712 KINGSLEY AVE - #2
City-St-Zip: ORANGE PARK, FL 32073

Title: O ( ) Delete
Name: ACOSTA, SUSAN P
Address: 1712 KINGSLEY AVE - #2
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: GRESHAM, GAIL A CMT
Address: 2301 PARK AVENUE, STE. #300
City-St-Zip: ORANGE PARK, FL 32073 US

Title: O (X) Change ( ) Addition
Name: ACOSTA, SUSAN P RHIT
Address: 2301 PARK AVENUE, STE. #300
City-St-Zip: ORANGE PARK, FL 32073 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SUSAN P. ACOSTA O 01/30/2007
Electronic Signature of Signing Officer or Director Date