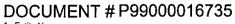
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT



1. Entity Name
ISLAND TRANSCRIPTION SERVICE, INC.



FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90384 018 ***150.00

Principal Place of Business   2750 VERM STRET											
Suito, Apt. #, ctc.	2756 VELM/	STREET	2756 VELMA STREET				<i>:</i> .				
Suito, Apt. 4, ctc.	Principal Place of Business     3. Mailing Address										
City & State    City & State   Country   Zip   Country   Sip	Suite, Apt. #, etc.		Suite, Apt. #, etc.							(1387 14 1881	
Experience of Status Desired   \$8,75 Accidented   \$9,75 Accidented   \$	City & State		City & State				r -		Ap	<del></del>	
SOUTHWEST PROFESSIONAL SERVICES OF FORT MY 33511 MCREGOR BLVD SUITE 22 FORT MYERS, FL 33919  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 Fordida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fordida. I am familiar with, and accept the obligations of registered agent agen	Zip	Country	Zip Count		ntry				8.75 Add	litional	
SOUTHWEST PROFESSIONAL SERVICES OF FORT MY 13371 MCGREGOR BLVD SUITE 22 FORT MYERS, FL 33919  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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE    Speaks, find to privat name of registered agent and life of acceptance of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE    Speaks, find to privat name of registered agent and life of acceptance Agent agents in recent with inmitizing)   DATE		6. Name and Address of Current	Registered Agent	<del></del>	<del> </del>	7. Name and	Address of New R				
Sized Address (P.O. Box Number is Not Acceptable)  Sized Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Decision   Decis			•		Name			<b></b>	<b>J</b>		
## City FL 20 Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	13571 MCGREGOR BLVD				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat		ERS. Fl. 33919				·					
SIGNATURE   Signat	7 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			City		<u></u>	FL	Zip Cod	е		
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### Added to Fees    10.											
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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		certify that the information supplied with	h this filing does not qualify to			Lin Chapter 119	Florida Statuten I	further costi	h, that the !	nformation	

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 out; 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.