

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001158

FILED
Apr 24, 2006
Secretary of State

Entity Name: SCHMER, INC.

Current Principal Place of Business:

PO BOX 2049
CORONA, CA 92878

New Principal Place of Business:

Current Mailing Address:

PO BOX 2049
CORONA, CA 92878

New Mailing Address:

FEI Number: 95-3272151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDE, DOUGLAS E
6333 SUNSET DRIVE
SOUTH MIAMI, FL 33143 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: P () Delete
Name: SCHMER, DIANA M
Address: 2436 N. FEDERAL HWY #140
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: ST (X) Delete
Name: MARSH-JONES, BARBARA
Address: 3455 SABAL SPRINGS BLVD
City-St-Zip: NORTH FT. MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: SCHMER, DIANA M
Address: 2436 N. FEDERAL HWY #140
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DIANA M. SCHMER

DIR

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date