


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90038 044 ***150.00

DOCUMENT # 343965

1. Entity Name
CONRAD W. SCHAEFER CONSULTING, INC.



Principal Place of Business 4152 W. BLUE HERON BLVD., #128 RIVIERA BEACH, FL 33404	Mailing Address C/O NANCY HOMIK 11312 GLEN OKAS COURT NORTH PALM BEACH, FL 33408-3203
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00004607



Principal Place of Business <i>PH</i> NANCY NARAMORE Suite, Apt. #, etc. 8127 SE WOODLAKE LANE	3. Mailing Address <i>PH</i> NANCY NARAMORE 8127 SE WOODLAKE LANE Suite, Apt. #, etc.
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01112006 Chg-P CR2E034 (11/05)

City & State HOBE SOUND FLORIDA	City & State HOBE SOUND
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4. FEI Number 59-1260043	Applied For Not Applicable
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Zip 33455	Country USA	Zip 33455	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

O'CONNER, PHIL, JR.
 515 N. FLAGLER, 19TH FL.
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
 Street 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFER, GRETCHEN L 4152 W BLUE HERON BL 128 RIVIERA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8127 SE WOODLAKE LANE HOBE SOUND FLORIDA 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUSA, ERIKA SCHAEFER 4152 W BLUE HERON BLVD #128 RIVIERA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8127 SE WOODLAKE LANE HOBE SOUND FLORIDA 33455
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gretchen Schaefer Date: 772-288-3406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #