

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 424533

FILED
Feb 06, 2006
Secretary of State

Entity Name: SALEM CORPORATION

Current Principal Place of Business:

C/O SUEANNE STEINACKER
2672 TAMiami TRAIL NW
PT CHARLOTTE, FL 339525129

New Principal Place of Business:

C/O SUEANNE STEINACKER
2672 TAMiami TRAIL NW
PT CHARLOTTE, FL 339525129

Current Mailing Address:

C/O SUEANNE STEINACKER
2672 TAMiami TRAIL NW
PT CHARLOTTE, FL 339525129

New Mailing Address:

C/O SUEANNE STEINACKER
2672 TAMiami TRAIL NW
PT CHARLOTTE, FL 339525129

FEI Number: 59-1462853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINACKER, SUEANNE
2672 TAMiami TRAIL
PORT CHARLOTTE, FL 33952 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: STEINACKER, SUEANNE
Address: 22499 RYE AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VS () Delete
Name: KUPFERER, LESLIE
Address: 1109 BEAUMONT AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: STEINACKER, GREGG
Address: 22499 RYE AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SUEANNE STEINACKER

PRES

02/06/2006

Electronic Signature of Signing Officer or Director

Date