

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003847

FILED
Mar 24, 2006
Secretary of State

Entity Name: STEVEN SCHAEFER ASSOCIATES, INC.

Current Principal Place of Business:

10411 MEDALLION DRIVE STE. 121
CINCINNATI, OH 45241

New Principal Place of Business:

Current Mailing Address:

10411 MEDALLION DRIVE STE. 121
CINCINNATI, OH 45241

New Mailing Address:

10411 MEDALLION DRIVE
SUITE 121
CINCINNATI, OH 45241

FEI Number: 31-0964154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: SCHAEFER, STEVEN E
Address: 8549 WUEST ROAD
City-St-Zip: CINCINNATI, OH 45251

Title: VP () Delete
Name: MILLER, JAMES R
Address: 4279 MARCREST DRIVE
City-St-Zip: CINCINNATI, OH 45211

Title: VP () Delete
Name: SCHWIETER, EDWARD W
Address: 5460 LONGLAKE COURT
City-St-Zip: CINCINNATI, OH 45211

Title: T () Delete
Name: CIPRIAN, MICHAEL A
Address: 6322 BACH DRIVE
City-St-Zip: WEST CHESTER, OH 45069

Title: S () Delete
Name: DALEY, SHAWN M
Address: 8201 MILLCREEK CIRCLE
City-St-Zip: WEST CHESTER, OH 45069

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:

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: STEVEN E. SCHAEFER

PRES

03/24/2006

Electronic Signature of Signing Officer or Director

_____ Date