2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F37170

1. Entity Name

SCHNEIDER BOOK PUBLISHING, INC.



FILED Apr 27, 2006 08:00 AN Secretary of State

Fee Required

Frincipal Place of Business

1440 CORAL RIDGE DR.

#290

CORAL SPRINGS, FL 33071

Mailing Address

1440 CORAL RIDGE DR. #290

CORAL SPRINGS, FL 33071



DO NOT WRITE IN THIS SPACE

03012006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2110596 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

5. Name and Address of Current Registered Agent

SALZER, STEFANIE 1440 CORAL RIDGE DR #290 CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the priors of registered agent	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campalgn Finantity Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	<u> </u>		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHNEIDER, GISELA REDWITZSTR. 9 81925 MUNICH,		000000537340 05/09/06-80010-023 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SALZER, STEFANIE DAMASHKE STR 90 818125 MUNICH, GE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST+ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

SALZER

04/06/06

9545751146

Daytiirie Phone #