2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2006 8:00 am Secretary of State

DOCUMENT # P00000071837 1. Entity Name W. T. SCHMIDT GROUP, INC.						n	03-14-2006	90023 00	01 ***150).00
Principal Plac	e of Business	Mailing Address	s	,	4	Upur-	-			
717 EAST OAK STREET KISSIMMEE, FL 34744		717 EAST OAI	717 EAST OAK STREET KISSIMMEE, FL 34744				III II	£111 50 111 100 06 110		NIFAL EL IKAL
2. Principal Place of Business		3. Mailing Addre	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, (Suite, Apt. #, etc.			03012006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State				4. FEI Numbe 59-3661			<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Cou	untry			of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent		Nome		7. Name and	Address of New I	Registered A	\gent	
SWART, HARRY J 717 EAST OAK STREET KISSIMMEE, FL 34744				Name Street Address (P.O. Box Number is Not Acceptable)						
1000 IIVIIVII						· · · · · · · · · · · · · · · · · · ·	,			
				City				FL	Zip Cod	е
8. The above the obligat	named entity submits this statementions of registered agent.	t for the purpose of cha	anging its registe	ered office or	registere	ed agent, or both	n, in the State of Fl	lorida. I am f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Register	ered Agent signatu	ura required	when reinetation		DATE		
						uncin cinatating,		-		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55		on Campaign Fina Fund Contribution	ancing	\$5.	00 May Be				
FIL After M	ay 1, 2006 Fee will be \$55		n Campaign Fina	ancing	\$5.	00 May Be	CHANGES TO OF		DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Horida 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Schmidt 3/9/

843-235365

Daytime Phone #