2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123929

Entity Name: SCHUMAKER MARKETING SERVICES INC.

FILED Mar 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4607 WINDWARD COVE LANE WELLINGTON, FL 33467

Current Mailing Address: New Mailing Address:

4607 WINDWARD COVE LANE WELLINGTON, FL 33467

FEI Number: 20-1589483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, MARK R ESQ. KAY SCHOLER LLP-PHILLIPS POINT WEST TOWER 777 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FL 33401 US SCHUMAKER, AARON C PD 4607 WINDWARD COVE LANE WELLINGTON, FL 33467 US

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: AARON C. SCHUMAKER 03/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCHUMAKER, AARON C Name: Name: SCHUMAKER, AARON C PD 4607 WINDWARD COVE LANE 4607 WINDWARD COVE LANE Address: Address: City-St-Zip: WELLINGTON, FL 33467 City-St-Zip: WELLINGTON, FL 33467

Title: Title: (X) Change () Addition () Delete SCHUMAKER, CHRISTIANE Y VD Name: SCHUMAKER, CHRISTIANE Y Name: 4607 WINDWARD COVE LANE Address: 4607 WINDWARD COVE LANE Address: WELLINGTON, FL 33467 WELLINGTON, FL 33467 City-St-Zip: 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: AARON C. SCHUMAKER PD 03/12/2007