

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90022 045 ***150.00

DOCUMENT # S32218
 1. Entity Name
 SCHLESINGER ADVERTISING, INC.



Principal Place of Business
 501 GOODLETTE RD N., B-206
 NAPLES, FL 34102 US

Mailing Address
 501 GOODLETTE RD N., B-206
 NAPLES, FL 34102 US

40037870



2. Principal Place of Business
 5203 Starfish Avenue
 Suite, Apt. #, etc.

3. Mailing Address
 5203 Starfish Avenue
 Suite, Apt. #, etc.

03112006 Chg-P CR2E034 (11/05)

City & State
 Naples, FL

City & State
 Naples, FL

Zip
 34103

Country
 USA

Zip
 34103

Country
 USA

4. FEI Number
 65-0251225

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHLESINGER, JEFF
 501 GOODLETTE RD N
 STE B206
 NAPLES, FL 34102

7. Name and Address of New Registered Agent
 Name
 Schlesinger, Jeff
 Street Address (P.O. Box Number is Not Acceptable)
 5203 Starfish Avenue
 City
 Naples FL Zip Code
 34103

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 3/22/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	SCHLESINGER, JEFF	501 GOODLEFFE RD N., B-206	NAPLES, FL 341025473	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5203 Starfish Avenue	Naples, FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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]* DATE 3/22/06 DAYTIME PHONE # 1239-262-1146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #