2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P00000064495

Entity Name: ROSEN SCHULLMANN, INC.

Current Principal Place of Business:

4280 NW 36TH AVE.
LAUDERDALE LAKES, FL 33309

New Principal Place of Business:

4280 NW 36 AVE
LAUDERDALE LAKES, FL 33309

Current Mailing Address:

4280 NW 36TH AVE.
LAUDERDALE LAKES, FL 33309

New Mailing Address:

FEI Number: 65-1018868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLEN, HERBERT J
4280 NW 36TH AVE.
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

WALLEN, LEIGHTON E
4280 NW 36TH AVE.
FORT LAUDERDALE, FL 33309 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: L WALLEN 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALLEN, HERBERT J
Address: 4280 NW 36TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: VD ( ) Delete
Name: WALLEN, LEIGHTON E
Address: 4280 NW 36TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: S ( ) Delete
Name: WALLEN, GLORIA M
Address: 4280 NW 36TH AVENUE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: DIR ( ) Delete
Name: WALLEN, JACQUELINE V
Address: 4280 NW 36TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: DIR ( ) Delete
Name: WALLEN, DAVID A
Address: 4280 NW 36TH
City-St-Zip: LAUDERDALE LAKES, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WALLEN, LEIGHTON E
Address: 4280 NW 36TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: VD (X) Change ( ) Addition
Name: WALLEN, HERBERT J
Address: 4280 NW 36TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309

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 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: L WALLEN PD 04/30/2009
Electronic Signature of Signing Officer or Director Date