

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2006
Secretary of State

DOCUMENT# N01000005941

Entity Name: FOR FEATHERS, INC.

Current Principal Place of Business:

4200 DES PLAINES DR
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4200 DES PLAINES DR
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 02-0580526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEL GROSSO, MICHAEL J
Address: 4200 DES PLAINES DR
City-St-Zip: SARASOTA, FL 34233

Title: VD () Delete
Name: STEVES, JANET
Address: 149 DA VINCI DR
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: COSTIN, SANDRA J
Address: 149 DA VINCI DR
City-St-Zip: NOKOMIS, FL 34275

Title: TD () Delete
Name: STEVES, R BRUCE
Address: 149 DA VINCI DR
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J DELGROSSO

PD

06/04/2006

Electronic Signature of Signing Officer or Director

_____ Date