2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# P94000044524

Entity Name: SCHUMAN FEATHERS, INC.

Current Principal Place of Business:

20141 NE 16 PL
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

20141 NE 16 PL
MIAMI, FL 33179

New Mailing Address:

FEI Number: 65-0498441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUMAN, FLORENCE
20141 NE 16 PL
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHUMAN, FLORENCE
Address: 20141 NE 16 PL
City-St-Zip: MIAMI, FL 33179

Title: P ( ) Delete
Name: SCHUMAN, EDWARD
Address: 20141 NE 16TH PL
City-St-Zip: MIAMI, FL 33179

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition
Name: SCHUMAN, FLORENCE
Address: 20141 NE 16 PL
City-St-Zip: MIAMI, FL 33179

Title: MR (X) Change ( ) Addition
Name: SCHUMAN, EDWARD
Address: 20141 NE 16TH PL
City-St-Zip: MIAMI, FL 33179

Title: MR ( ) Change (X) Addition
Name: SCHUMAN, PAUL
Address: 20141 NE 16TH PL
City-St-Zip: MIAMI, FL 33179

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: FLORENCE SCHUMAN MRS 06/22/2009
Electronic Signature of Signing Officer or Director Date