2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Business Mailing Address 161 S CMMERCE AVE SEBING, FL 33870 US SEBING, FL 8 etc. Q2152006 ChgP CR2E334 (11/05) Zin	DOCUMENT # V28964 1. Entity Name M & S FEATHERS, INC.					03-24-2006 90016 016 ***150.00				
16.1 S. COMMERCE AVE SEBRING, FL 33870 US 2. Principal Place of Business Suite, Apr. #. etc.	Principal Plac	e of Business	I	7						
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Zp Country Zip Country S. Certificate of Status Desired \$3,75 Astitional Fee Required Country S. Certificate of Status Desired \$3,75 Astitional Fee Required Country Street Address of New Registered Agent Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152006	Chg-P	CR2E034	(11/05)		
S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cool City City City FL Zip City City FL Zip City City FL Zip City City City City FL Zip City									No	t Applicable
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	Zip			Coun	itry .	<u>i</u>		Fi	e Required	
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Street Address (P.O. Box Number is Not Acceptable) City	MCCOLL	JM. JAMES F.			Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE	129 S. COMMERCE AVE.			Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature				City			FL	Zip Code	•	
SIGNATURE Signature, hyped or protect name of impeatored agent and bitle if applicable. (NOTE: Regulatored Agent Minutaure required when remeatorg)			or the purpose of changing it	s register	ed office or registe	ered agent, or both	, in the State of Flo		nitiar with,	and accept
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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

Mel Feathers

3/21/06 863-382-0