2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2008 08:00 A Secretary of State **DOCUMENT #641800** 1. Entity Name MONFORT CORPORATION Principal Place of Business Mailing Address 1040 6TH AVENUE NORTH 1040 6TH AVENUE NORTH NAPLES, FL 34102 NAPLES, FL 34102 03162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1947242 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORESMAN, W., F. DO NOT WRITE 1040 6TH AVE. NORTH NAPLES, FL 34102 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 000000892346:FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/23/08-80063-007 150.nn OFFICERS AND DIRECTORS 10. ΡN TITLE BOYCE, WALTER NAME STREET ADDRESS 368 SLATER STREET CITY-ST-ZIP OTTAWA, ON TITLE NAME HELLARD, STEPHEN STREET ADDRESS 368 SLATER STREET CITY-ST-ZIP OTTAWA, ONT., CANADA, TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental exports 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 appropriate 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 appropriate 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 appropriate 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 appropriate 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 appropriate 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 appropriate 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 appropriate true and the corporation of the receiver or trustee appropriate true and the corporation of the corporation of the receiver or trustee appropriate true and the corporation of the corporation of the receiver or trustee appropriate true and the corporation of the corporation changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED