


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90035 031 ***150.00

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1. Entity Name
LOUISBURG FARM, INC.



Principal Place of Business
**2711 CENTERVILLE ROAD
 SUITE 400
 WILMINGTON, DE 19808**

Mailing Address
**82 DEVONSHIRE STREET F9A
 BOSTON, MA 02109**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

40031600



02242006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0959861

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ATTERBURY, WILLIAM W III ESQ
 321 ROYAL POINCIANA PLAZA SOUTH
 PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** Delete
 NAME **JOHNSON, ELIZABETH L**
 STREET ADDRESS **82 DEVONSHIRE F9A**
 CITY-ST-ZIP **BOSTON, MA 02109**

TITLE **DVT** Delete
 NAME **RESNIK, JEFFREY P**
 STREET ADDRESS **82 DEVONSHIRE F9A**
 CITY-ST-ZIP **BOSTON, MA 02109**

TITLE **VS** Delete
 NAME **SOMMER, MELANIE S**
 STREET ADDRESS **82 DEVONSHIRE F9A**
 CITY-ST-ZIP **BOSTON, MA 02109**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** Change Addition
 NAME **Charles L. Nickerson**
 STREET ADDRESS **82 Devonshire F9A**
 CITY-ST-ZIP **Boston, MA 02109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Melanie S. Sommer **Melanie S. Sommer, V.P.** **3/1/06** **617-563-1987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #