


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90001 035 ***150.00

DOCUMENT # F04000003729

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**

60044516



2. Principal Place of Business - No P.O. Box #
3315 Olde Hampton Drive

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

06052008 Chg-P CR2E034 (12/06)

City & State
Wellington, FL

City & State

4. FEI Number
20-0959861

Applied For
 Not Applicable

Zip
33414

Country

Zip
 Country

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

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JOHNSON, ELIZABETH L	
STREET ADDRESS	82 DEVONSHIRE F9A	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RESNIK, JEFFREY P	
STREET ADDRESS	82 DEVONSHIRE F9A	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SOMMER, MELANIE S	
STREET ADDRESS	82 DEVONSHIRE F9A	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICKERSON, CHARLES L	
STREET ADDRESS	82 DEVONSHIRE F9A	
CITY-ST-ZIP	BOSTON, MA 02109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **6/3/08** **617-563-1987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #