


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90389 044 ***150.00

DOCUMENT # F94000000996	
1. Entity Name SPECIALTY MEAT GROUP, INC.	

Principal Place of Business 2890 CHANCELLOR DR. SUITE 100 CRESTVIEW HILLS, KY 41017-3451	Mailing Address 2890 CHANCELLOR DR. SUITE 100 CRESTVIEW HILLS, KY 41017-3451
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2. Principal Place of Business 603 PILOT HOUSE DRIVE	3. Mailing Address 603 PILOT HOUSE DRIVE
Suite, Apt. #, etc. 4TH FLOOR	Suite, Apt. #, etc. 4TH FLOOR
City & State NEWPORT NEWS VA	City & State NEWPORT NEWS VA



04222004	Chg-P	CR2E034 (10/03)
4. FEI Number 95-4460342	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

Zip 23606	Country U.S.A.	Zip 23606	Country U.S.A.
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCLOSKEY, JOSEPH 1024 STREAM RDIGE CINCINNATI, OH 45255	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DAVIS, THOMAS 2413 PATES CREEK WILLIAMSBURG, VA 23185	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, THOMAS 2413 PATES CREEK WILLIAMSBURG, VA 23185	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, DAVID S 190 S LASALLE SUITE 2830 CHICAGO, IL 60603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WRAY, RONALD D 190 S. LASALLE SUITE 2830 CHICAGO, IL 60603	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ; TREASURER LOUIS J. MANETTI 190 S. LASALLE SUITE 2830 CHICAGO IL 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/23/04** **708-449-3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #