


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

file
FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 542942 1. Entity Name DAIRY FEEDS, INC.	
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Principal Place of Business 1550 N E 208TH ST OKEECHOBEE, FL 34972	Mailing Address 1550 N E 208TH ST OKEECHOBEE, FL 34972
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1761439	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LARSON, LOUIS E. 400 NW 5 STREET OKEECHOBEE, FL 34974
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000768632 07/13/07-800005-015 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARSON, LOUIS E SR 400 NW 5 STR OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LARSON, LOUIS E 400 NW 5 STR OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NANCY JEAN DAVIS 80 S.W. 8TH STREET SUITE 2110 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAHAN, DARRYL 16290 BOWLINE ST BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD RYDZEWSKI, BOB 1550 NE 208TH STREET OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Bob Rydzewski* **7/9/07** **863-763-4673**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #