


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 542942		
1. Entity Name DAIRY FEEDS, INC.		
Principal Place of Business 1550 N E 208TH ST OKEECHOBEE, FL 34972	Mailing Address 1550 N E 208TH ST OKEECHOBEE, FL 34972	



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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		DO NOT WRITE 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) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
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	

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01/15/08-80093-018 150.00

**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 Bob Rydzewski 1/10/08 863-763-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #