2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681265

Entity Name: SEVEN H L CATTLE CORPORATION

FILED Jan 09, 2008 Secretary of State

| Current P | rincipal Place | of Business: | New Principal Place | New Principal Place of Business: | |
|--|--|--------------------------------|---|--|--|
| 10,000 NE 7TH STREET P.O. BOX 401 OKEECHOBEE, FL 34973 | | | | 10,000 NE 7TH STREET OKEECHOBEE, FL 34972 | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| P.Ó. BOX | 7TH STREET 401 DBEE, FL 349 | | | | |
| FEI Number | : 59-2222486 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 10,000 NE | DELORES : 7TH STREET DBEE, FL 334 | 72 US | | | |
| | e named entity e of Florida. | submits this statement for the | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () LEWIS, VALER 435 SW 30TH OKEECHOBEE | TERRACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S (HARVEY, BASI 10,000 NE 7TH OKEECHOBEE | STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | PT () HARVEY, DELF | Delete ROES, | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DELORES HARVEY PT 01/09/2008

10,000 NE 7TH STREET

OKEECHOBEE, FL 00000,

Address: City-St-Zip: