2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 715797

Entity Name: UNITED BRAFORD BREEDERS INC.

Current Principal Place of Business:

422 E. MAIN ST
218
NACOGDOCHES, TX 75961

New Principal Place of Business:

Current Mailing Address:

422 E. MAIN ST
218
NACOGDOCHES, TX 75961

New Mailing Address:

FEI Number: 59-2412142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOBLEGARD, R N
401-A S. INDIAN RIVER DR
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	RAINER, BILL	
Address:	PO BOX 273	
City-St-Zip:	NEW SUMMERFIELD, TX 75780	
Title:	VD	( ) Delete
Name:	HARRINGTON, SHANNON	
Address:	7068 N HARRINGTON RD	
City-St-Zip:	IOWA, LA 70647	
Title:	SD	( ) Delete
Name:	ROBERT, MILLS	
Address:	15535 CR 1123	
City-St-Zip:	ATHENS, TX 75751	
Title:	D	( ) Delete
Name:	HARVEY, JIM DR	
Address:	2949 HWY 70 WEST	
City-St-Zip:	OKEECHOBEE, FL 34972	
Title:	D	( ) Delete
Name:	STEWART, ADAMS	
Address:	PO BOX 12909	
City-St-Zip:	FORT PIERCE, FL 34979	
Title:	D	( ) Delete
Name:	MIDYETTE, PAYNE H	
Address:	10006 JOURNEYS END	
City-St-Zip:	TALLAHASSEE, FL 32312	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HARRINGTON, SHANNON	
Address:	7068 N HARRINGTON RD	
City-St-Zip:	IOWA, LA 70647	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VD	(X) Change ( ) Addition
Name:	HARVEY, JIM DR	
Address:	2949 HWY 70 WEST	
City-St-Zip:	OKEECHOBEE, FL 34972	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL RAINER PD 04/13/2009

Electronic Signature of Signing Officer or Director — Date