


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90102 004 ***150.00

DOCUMENT # F01000005793 1. Entity Name DAIRY MEATS (USA) INC.					
Principal Place of Business 20 WESTPORT RD, STE 320 WILTON, CT 06897			Mailing Address 20 WESTPORT RD, STE 320 WILTON, CT 06897		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 25-1666757	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)					
9. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P. MCKINLEY, RONALD <input type="checkbox"/> Delete NAME: MCKINLEY, RONALD STREET ADDRESS: 20 WESTPORT RD, STE 320 CITY-ST-ZIP: WILTON, CT			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D PARKER, JOHN S <input type="checkbox"/> Delete NAME: PARKER, JOHN S STREET ADDRESS: 96 NEW NORTH RD EDEN TERRACE CITY-ST-ZIP: AUCKLAND, NEW ZEALAND,			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D RIVERS, PAUL D <input type="checkbox"/> Delete NAME: RIVERS, PAUL D STREET ADDRESS: 96 NEW NORTH RD EDEN TERRACE CITY-ST-ZIP: AUCKLAND, NEW ZEALAND,			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D SEATH, DONALD M <input checked="" type="checkbox"/> Delete NAME: SEATH, DONALD M STREET ADDRESS: 96 NEW NORTH RD EDEN TERRACE CITY-ST-ZIP: AUCKLAND, NEW ZEALAND,			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D BLAKE, GORDON J <input checked="" type="checkbox"/> Delete NAME: BLAKE, GORDON J STREET ADDRESS: 96 NEW NORTH RD EDEN TERRACE CITY-ST-ZIP: AUCKLAND, NEW ZEALAND,			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: D BAYLIS, ARTHUR <input type="checkbox"/> Delete NAME: BAYLIS, ARTHUR STREET ADDRESS: 96 NEW NORTH RD EDEN TERRACE CITY-ST-ZIP: AUCKLAND, NEW ZEALAND,			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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: <u>RONALD MCKINLEY</u> 3/10/05 203.762.7600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50025647



02232005 Chg-P CR2E034 (10/03)

FL

Zip Code