2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

Addition Address 3344 SE BTH AVE FT. LANDERDALE, Ft. 33316 Sure, Apt. #. etc. 03222005 Chg. P. CR2E594 (10/03) Cay A. State Cay	DOCUMENT # P04000061294 1. Entity Name DAINTY DAIRY, INC.						05-03-200	05 90102	029 ***	150.00	
2. Principal Place of Business 3. Mailing Address Surie, Apt. #, etc. Surie, Apt. #, etc. Og323005 Chg.P CR2E594 (10/05) Zip Country Zip Country Zip Country Zip Country S. Certificable of Status Desired Se.75 Address Name and Address of Current Registered Agent Name Name Name Name Series Address of Current Registered Agent Name	Principal Place	e of Business	Mailing Address		!	T					
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Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE STELL NOWILL 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. ITILE OLARKE, HORACE SIRET ADDRESS CITY-SI-2P TILL AUDERDALE, FL 33316 Debte TILL NAME SIRET ADDRESS CITY-SI-2P TILL NAME	IOSEBHIK NOEIL BA				Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Title	3284 NORTH STATE RD. 7				Street Address (P.O. Box Number is Not Acceptable)						
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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	CITY-\$1-ZIP			CHY	-ST-7IP						

12. I hereby certify that the information supplied with this titing 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/2)

954-484-5533