FILED Apr 03, 2007 8:00 am Secretary of State 03-19-2007 90060 031 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

3/:

Principal Place of Business Mainry Address Mainry Add	DOCUMENT # P06000015571 1. Entity Name C4 CATTLE COMPANY							66	00778	
Suite, Apt. P. etc. Suite, Ap	605 POOL BRANCH ROAD 605 POOL BRANCH ROAD						ri) Belya Birli Belin Belin Be			
Cry & Sins Cry &	2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address							
Second Country Zp	Suite, Apt. #, etc.		Suite, Apt. •, etc.			03022007	Chg-P	CR2E034 (12/06)	
S. Name and Address of Current Registered Agent 7. Nerse and Address of New Registered Agent CREWS, BRIAN 805 POOL BRANCH ROAD FORT MEADE, FL 33841 City City FL Zip Code 8. The above numed early submits die statement for the purpose of changing as registered office or registered agent, or both, in the State of Road. I am turnifar with, and accept no obtains of registered agent, or both, in the State of Road. I am turnifar with, and accept no obtains of registered agent, or both, in the State of Road. I am turnifar with, and accept no obtains of registered agent, or both, in the State of Road. I am turnifar with, and accept no obtains of registered agent, or both, in the State of Road. I am turnifar with, and accept no obtains of registered agent, or both, in the State of Road. I am turnifar with, and accept no obtains of registered agent, or both, in the State of Road. I am turnifar with, and accept no obtains of registered agent, or both, in the State of Road. I am turnifar with, and accept no obtains of registered agent, or both, in the State of Road. I am turnifar with, and accept no obtains of registered agent, or both, in the State of Road. I am turnifar with, and accept no obtains of registered agent, or both, in the State of Road. FILE NOWITH FEE IS \$150,00 After May 1, 2007 Fee with the \$550.00 Deferm May 1, 2007 Fee with the \$550.00 Pricers And Deferminant agent	City & State		City & State		-	4. FELDINA	-2194			
REVIS. BRIAN 605 POOL BRANCH ROAD FORT MEADE, FL 33841 City FL Zip Code	Zip	Country	Zip	Country		5. Certificat	e of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current		Name	7. Name an	d Address of New F	tegistered Agent			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Ruida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ruida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ruida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ruida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ruida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ruida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ruida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ruida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ruida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ruida. I am familiar with, and accept the state of Ruida. I am familiar with, and accept the state of Ruida. I am familiar with, and accept the state of Ruida. I am familiar with, and accept the state of Ruida. I am familiar with, and accept the state of Ruida. I am familiar with, and accept the state of Ruida. State Noves	605 POOL BRANCH ROAD									
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