

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90002 027 \*\*\*150.00

<b>DOCUMENT # P98000102507</b> 1. Entity Name <b>NYALA FARMS, INC.</b>					
Principal Place of Business <b>1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE, FL 32308</b>			Mailing Address <b>1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  <b>TODD, DAVID E 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BENNETT, DOUGLAS W</b>		NAME		
STREET ADDRESS	<b>1801 HERMITAGE BLVD SUITE 600</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		CITY-ST-ZIP		
TITLE	DVAS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, JEFFREY</b>		NAME		
STREET ADDRESS	<b>1801 HERMITAGE BLVD SUITE 600</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		CITY-ST-ZIP		
TITLE	DVAT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRAY, LYNNE M</b>		NAME		
STREET ADDRESS	<b>1801 HERMITAGE BLVD #600</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, G ANDREWS</b>		NAME		
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY #800</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DALLAS, TX 75231</b>		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DALEY, EDWARD</b>		NAME		
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY #800</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DALLAS, TX 75231</b>		CITY-ST-ZIP		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FARALDO, MARK</b>		NAME	<b>Mark P. Faraldo</b>	
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY #800</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DALLAS, TX 75231</b>		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.					
<b>SIGNATURE:</b> <u>Mark P. Faraldo</u> <b>Mark P. Faraldo VS 3-12-04 2149890800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					