


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90034 003 ***150.00

DOCUMENT # P99000048930		
1. Entity Name HEREFORD, INC.		

Principal Place of Business UNIT A 505 TOWER OF KEY BISCAYNE 1121 CRANDON BOULEVARD KEY BISCAYNE, FL 33149	Mailing Address RAGAN & FREEMAN LLP 400 MADISON AVENUE NEW YORK, NY 10017-1000
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2. Principal Place of Business	3. Mailing Address 11 East 44th Street
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State New York, NY
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Zip	Country	Zip 10017-0054	Country
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6. Name and Address of Current Registered Agent

MANASTER, JOSHUA D ESQ. 1428 BRICKELL AVE., 8TH FLOOR MIAMI, FL 33131	
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01192006	Chg-P	CR2E034 (11/05)
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAGAN, THOMAS C	NAME	11 East 44th Street
STREET ADDRESS	RAGAN & FREEMAN LLP, 400 MADISON AVE	STREET ADDRESS	New York, NY 10017-0054
CITY-ST-ZIP	NEW YORK, NY 10017-1000	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, M E	NAME	11 East 44th Street
STREET ADDRESS	RAGAN & FREEMAN LLP, 400 MADISON AVE	STREET ADDRESS	New York, NY 10017-0054
CITY-ST-ZIP	NEW YORK, NY 10017-1000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	PRESIDENT	01-19-06	(212) 204-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #