


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90250 045 ***150.00

DOCUMENT # 162706			
1. Entity Name CATTLE FARMS INC			
Principal Place of Business #5 LAKE BREEZE CT KENNEZ, LA 70065 US		Mailing Address #5 LAKE BREEZE CT KENNEZ, LA 70065 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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		DATE	



02202004 Chg-P CR2E034 (10/03)

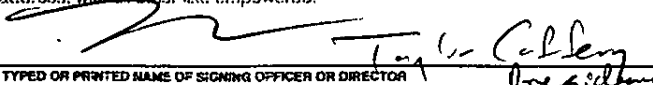
4. FE# Number
72-6021075 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAFFERY, TAYLOR L. 2431 S ACADIAN THRUWAY, STE 200 BATON ROUGE, LA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5420 Corporate Blvd. #101 Baton Rouge, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DART, STEPHEN P PO DRAWER 610 ST FRANCISVILLE, LA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAFFERY, ELLIE W. 1574 HENRY CLAY AVE NEW ORLEANS, LA 00000, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Albert N. Pembroke <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 636 Kilmarnock, Va 22482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, HARRY H JR 1305 TERRY WAY FALLSTON, MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWER, MARY B 3724 BISQUIER DRIVE ANCHORAGE, AK 00000, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stewart B Hughes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6060 General Meyer Av New Orleans, LA 70131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT DART, JOHN JR #3 SHADY LANE COVINGTON, LA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  **Taylor L. Caffery** 4-21-05 225-928-6759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President City Daytime Phone #