


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 162706 1. Entity Name CATTLE FARMS INC	
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Principal Place of Business #5 LAKE BREEZE CT KENNER, LA 70065 US	Mailing Address Y#5 LAKE BREEZE CT KENNER, LA 70065 US
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-6021075	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000882326 04/16/08-80037-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAFFERY, TAYLOR L. 5420 CORPORATE BLVD, #101 BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, JAMES F JR 911 FLOWERING FIELD WHITE STONE, VA 22578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEMBROKE, ALBERT N PO BOX 636 KILMARNOCK, VA 22482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, HARRY H JR 1305 TERRY WAY FALLSTON, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, HUGHES 6060 GENERAL MEYER AVE NEW ORLEANS, LA 70131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT DART, JOHN JR #3 SHADY LANE COVINGTON, LA

DO NOT WRITE IN THIS SPACE

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 	Taylor Caffery	2 Apr 08 725 926-6959
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>