2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001845

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FT. MYERS, FL 33901

MEYER, KATHY

() Delete

28280 PINE HAVEN WAY #93

BONITA SPRINGS, FL 34135

Entity Name: ADONIS FAMILY FARM, INC.

FILED Jan 25, 2008 Secretary of State

| Current P | rincipal Place | of Business: | New Prince | New Principal Place of Business: | | |
|--|---|------------------------------|---|--|----------------------------------|--|
| 20587 CHARING CROSS CIR. ESTERO, FL 33928 | | | | VOOD AVE. ERS, FL 33901 | US | |
| Current M | ailing Address | : | New Maili | New Mailing Address: | | |
| PO BOX 2134 FORT MYERS, FL 33902 | | | P.O. BOX (FORT MYE | 2134 ERS, FL 33902 | US | |
| FEI Number: | 65-0426715 | FEI Number Applied For () | FEI Number Not Appl | icable () C | ertificate of Status Desired () | |
| Name and | Address of Cu | ırrent Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| 5709 STON NORTH FI | N, BETH PRES NEHAVEN DR. T. MYERS, FL. named entity sue of Florida. | | rpose of changing i | ts registered offic | e or registered agent, or both, | |
| SIGNATUR | | 0: 1 50 :1 14 | | | | |
| | Electronic | Signature of Registered Agen | t | | Date | |
| OFFICERS | S AND DIRECT | ORS: | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P ()[CAMERON, BETI 5709 STONEHAN NORTH FT. MYE | EN DR. | Title: Name: Address: City-St-Zip: | () Ch | nange () Addition | |
| Title: Name: Address: City-St-Zip: | VP () [ANDERSON, GLI 2350 HOOPLE S NORTH FT. MYE | Т. | Title: Name: Address: City-St-Zip: | VP (X) CH ANDERSON, GLEN 2350 HOOPLE ST. FORT MYERS, FL | | |
| Title: Name: Address: | T () [ANDERSON, GLI 2350 HOOPLE S | | Title: Name: Address: | T (X) Ch WALSH, T.J. 8060 COLLEGE P | nange () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FT. MYERS, FL 33919

() Change () Addition

SIGNATURE: BETH CAMERON PRES 01/25/2008