FILED Jun 05, 2006 8:00 am Secretary of State 04-28-2006 90193 050 ***500.00

FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCU	MENT	# F0500					
ADER	IA FA	rms ulc,	INC.				
DO NOT WRITE IN THIS SPACE							
Principal Place of Business 3. Mailing Address						66017846	i
Suite, Apt. #, etc.			Suite, Apr. F. etc.			CR2E034B (8/05)	
City & State AURORA, ONTARIO			City & State AUCORA, ONTACIO			4. FEI Number	Applied For Not Applicable
Zip	_3.68	Country CANADA	149 368	Country	AOA	5. Cartificate of Status Desired F	8.75 Additional se Required
				N	7. Name and Address of Current Registered Agent		
DO NOT WRITE					MARK ROBERTS Street Address (P.O. Box Number is Not Acceptable) 14216 NURTH US HUY 27		
WAR AT		N'THIS SF	PACE		(12,0		Γ
					ny OCA		Zp Code 34482
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 tamiliar with, and accept the obligations of registered agent.							
SIGNATURE Segretaria, typind or private manual of registrations (sport and late of application). (NOTE: Registered Agant segretary required when residence). DATE							
### American 1: May Jupes is \$150.00 \$1.00 \$2.00 \$3.00							
10.	DIRE	OFFICERS AND		TITLE			
NAME STREET ADDRESS	4 NOR	BAYVIEW AVE	H, RRAZ	NAME STREET ACC	DRESS		
CITY-ST-ZEP	DIKEL		6 368	CITY-ST-21	•	<u> </u>	
MAME STREET ADDRESS	EI CR	EDE STRONACH BAYVIEW AUE	· PK#Z	NAME STREET ADD	ORESS		
CITY-ST-ZEP	AUROR		368	C1TY-S7-78	j j	<u> </u>	
NAME				NAME		•	
STREET ADDRESS CITY - ST - ZIP			_	STREET ADD	1 -	DO NOT WRIT	E
TIFLE NAME				TITLE		IN THIS SPACE	E · ·
STREET ADORESS CITY-ST-ZIP				CITY-ST-20	I		
TITLE HAME				TITLE			.,
STREET ADDRESS CITY+ST+ZIP				STREET ADD CITY-ST-ZII			
TITLE		-		TITLE			
STREET ADDRESS CITY-ST-ZIP	i 	1 111	Marks and	STREET ACC	l l		
12. I hereby certify that the information supplied with this hing does not qualify tor 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 eath; that I am an officer or director of the composition or the receiver or trustee empowered to effect this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other composition of the							
SIGNATURE: Cofficial Broward APR 25,2006 905-841-0332							
TITL WS, QUOD 125 011 050							



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2006

ADENA FARMS ULC, INC. 14875 BAYVIEW AVE A AURORA ONTARIO CANADA, L4G 3-G8

Subject: ADENA FARMS ULC, INC.

Reference Number:

F05000006662

FEI N# - is not required

for Adena FARMS UEC, Inc

as it is domiciled in

Canada

Scort JAcobi, CA. Accounting Mgr.

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$500.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ms ANNUAL REPORTS SECTION