


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000003694 1. Entity Name PAIR-A-DICE FARMS, INC.	
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Principal Place of Business
409 WALNUT ST
HIGHLAND, IL 62249

Mailing Address
409 WALNUT ST
HIGHLAND, IL 62249



04162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-0983613	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSERSMITH, FRANK S
18 GULF BREEZE DR.
CRAWFORDVILLE, FL 32327

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

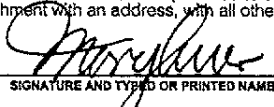
TITLE	CPS
NAME	FREY, J.R.
STREET ADDRESS	409 WALNUT ST
CITY - ST - ZIP	HIGHLAND, IL 62249
TITLE	V
NAME	FREY, VICTORIA
STREET ADDRESS	409 WALNUT ST
CITY - ST - ZIP	HIGHLAND, IL 62249
TITLE	T
NAME	AUER, MARY
STREET ADDRESS	409 WALNUT ST.
CITY - ST - ZIP	HIGHLAND, IL 62249
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/06/06-80141-019 158.75

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY AUER (TREAS)

4-18-06

Date

618-634-3756

Daytime Phone #