


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000006662 1. Entity Name ADENA FARMS ULC, INC.	
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Principal Place of Business 14875 BAYVIEW AVE. SUITE A AURORA, ONTARIO, CA L45-3-B	Mailing Address 14875 BAYVIEW AVE. SUITE A AURORA, ONTARIO, CA L45-3-B
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07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 ROBERTS, MARK 14216 NORTH US HWY 27 OCALA, FL 34482
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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 _____ (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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONACH, ANDREW 14875 BAYVIEW AVENUE AURORA, ONTARIO, L4G 3G8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STONACH, ELFRIEDE 14875 BAYVIEW AVENUE AURORA, ONTARIO, L4G 3G8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONACH, ANDREW 14875 BAYVIEW AVE, RR #2 AURORA, ONTARIO, CA L4G-GB
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONACH, GLFRIEDE 14875 BAYVIEW AVE, RR #2 AURORA, ONTARIO, CA L4G-3B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000768268 07/12/07-80001-018 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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

Date _____ Daytime Phone # _____