


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90058 023 ***150.00

DOCUMENT # G66222
 1. Entity Name
HAD-A-FARM ASSOCIATES, INC.



Principal Place of Business Mailing Address
C/O FIDUCIARY TRUST INT'L OF DELAWARE **C/O FIDUCIARY TRUST INT'L OF DELAWARE**
1220 NORTH MARKET STREET **1220 NORTH MARKET STREET**
WILMINGTON, DE 19801 US **WILMINGTON, DE 19801 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40051121



03062008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2332433 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		City	FL Zip Code

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLET, DAVID F	NAME	
STREET ADDRESS	125 EAST 72ND STREET, APARTMENT 11-D	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10021	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *David F Bellet* 3-17-08 212-429-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40051121

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Business Entity Name HAD-A-FARM ASSOCIATES, INC.

FEI Number | 59 | - | 2332433 |

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address C/O FIDUCIARY TRUST INT'L OF DELAWAR (PO Box not acceptable)

Suite, Apt. #, etc. 1220 NORTH MARKET STREET

City, State WILMINGTON | DE |

Zip Code & Country 19801 | US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, provide your mailing address.

Mailing address same as principal address

Address C/O FIDUCIARY TRUST INT'L OF DELAWAR

Suite, Apt. #, etc. 1220 NORTH MARKET STREET

City, State WILMINGTON | DE |

Zip Code & Country 19801 | US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA CORPORATION SERVICE COMPANY

40051121

#G66222

Street Address In Florida 1201 HAYS STREET (PO Box not acceptable)
 Suite, Apt. #, etc.
 City, State TALLAHASSEE, FL
 Zip Code & Country 32301 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title D/P
 Name (Last, First, Middle, Title) BELLET, DAVID F
 - OR -
 Entity Name to serve as Officer/Director

Street Address 125 EAST 72ND STREET, APARTMENT 11-
 City, State NEW YORK, NY
 Zip Code & Country 10021

Name And Address #2

Title
 Name (Last, First, Middle, Title)
 - OR -
 Entity Name to serve as Officer/Director

Street Address
 City, State
 Zip Code & Country

Name And Address #3

Title

666222

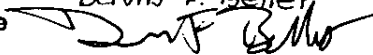
City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title Director

Officer/Director Signature

David F. Bellet


This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.