

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 23, 2008
Secretary of State**

DOCUMENT# N04000008721

Entity Name: S.E.E.D. KIDS, INC.

Current Principal Place of Business:107 BELLAMY CIRCLE
PORT ST. JOE, FL 32456 US**New Principal Place of Business:****Current Mailing Address:**107 BELLAMY CIRCLE
PORT ST. JOE, FL 32456 US**New Mailing Address:**

FEI Number: 20-1463316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:WHITFIELD, DAVID
107 BELLAMY CIRCLE
PORT ST. JOE, FL 32456 US**Name and Address of New Registered Agent:**WHITFIELD, DAVID J
107 BELLAMY CIRCLE
PORT ST. JOE, FL 32456 US

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.

SIGNATURE: DR. DAVID J. WHITFIELD

09/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: WHITFIELD, DAVID
Address: 107 BELLAMY CIRCLE
City-St-Zip: PORT ST. JOE, FL 32456Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DR. (X) Change () Addition
Name: WHITFIELD, DAVID J
Address: 107 BELLAMY CIRCLE
City-St-Zip: PORT ST. JOE, FL 32456Title: MRS. () Change (X) Addition
Name: WHITFIELD, TINA R
Address: 107 BELLAMY CIRCLE
City-St-Zip: PORT ST. JOE, FL 32456Title: MRS. () Change (X) Addition
Name: ELSE, WHITFIELD
Address: 507 GULFAIRE DR.
City-St-Zip: PORT ST. JOE, FL 32456

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.

SIGNATURE: DAVID J. WHITFIELD

DR.

09/23/2008

Electronic Signature of Signing Officer or Director

Date