2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State
07-24-2007 90040 045 ***550.00

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1. Entity Name
SOLAR SEED INC.

Principal Place of Business
POST OFFICE BOX 1158
BRAWFORD, ONTARIO CANADA,

Mailing Address
POST OFFICE BOX 1158
BRAWFORD, ONTARIO CANADA,

401200000

07172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
P.O. BOX 1158		302 S. CENTER	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: BRADFORD ONTARIO		City & State: EUSTIS FLORIDA	
Zip: L3Z 2B5	Country: CANADA	Zip: 32726-4106	Country: USA

4. FEI Number: 59-3378196 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERKAIK, JOHN
302 S CENTER STREET
EUSTIS, FL 32726-4106

7. Name and Address of New Registered Agent

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 ____________ DATE JULY 19/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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	PC	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VERKAIK, JOHN		NAME	
STREET ADDRESS	302 S. CENTER STREET		STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 327264106		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VERKAIK, JOYCE		NAME	
STREET ADDRESS	302 S. CENTER STREET		STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 327264106		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: JOHN VERKAIK   July 19/2007   352-357 5065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #