

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002700

FILED
Mar 30, 2009
Secretary of State

Entity Name: GROW AMERICA FUND, INC.

Current Principal Place of Business:

708 THIRD AVENUE
SUITE 710
NEW YORK, NY 10017

New Principal Place of Business:

Current Mailing Address:

708 THIRD AVENUE
SUITE 710
NEW YORK, NY 10017

New Mailing Address:

FEI Number: 13-3641265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DAVENPORT, ROBERT W
Address: 5 EAST 22ND STREET
City-St-Zip: NEW YORK, NY 10010

Title: S () Delete
Name: FINNEGAN, ANN M
Address: 29 MARNE STREET
City-St-Zip: WATERVLIET, NY 12189

Title: VD () Delete
Name: FINKE, JOHN A
Address: 2108 N. 39TH
City-St-Zip: SEATTLE, WA 98103

Title: P () Delete
Name: HULL, CHARLES I.
Address: 18 O'DELL AVE
City-St-Zip: YONKERS, NY 10701

Title: TD () Delete
Name: VOGT, ANN
Address: 18 MT TOM RD
City-St-Zip: NEW ROCHELLE, NY 10805

Title: D () Delete
Name: LANG, BARRY J
Address: 5980 E TERRA GRANDE
City-St-Zip: TUCSON, AZ 85750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: VOGT, ANN M
Address: 18 MT TOM ROAD
City-St-Zip: NEW ROCHELLE, NY 10805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: THOMSON, PATRICIA
Address: 73 TIP TOP ROAD
City-St-Zip: BREVARD, NC 28712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. THOMSON

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date