2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005924

Entity Name: SOWING SEEDS, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3530 HAMILTON RD LAKELAND, FL 33811 **Current Mailing Address: New Mailing Address:** 3530 HAMILTON RD LAKELAND, FL 33811 FEI Number: 20-2708359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TREMEL, JAD 3530 HAMILTON RD. LAKELAND, FL 33811 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TREMEL, JAD Name: Name: 3530 HAMILTON ROAD Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: DV () Delete Title: DV (X) Change () Addition KNAACK, TODD L. Name: MCCREE, KELVIN Name: Address: 6817 DANIEL LOOP W. Address: 2958 BELLFLOWER WAY City-St-Zip: LAKELAND, FL 33809 City-St-Zip: LAKELAND, FL 33811 Title: DST () Delete Title: DST (X) Change () Addition DEMOUEY, FRED TREMEL, MELISSA Name: Name: 3530 HAMILTON ROAD Address: 5421 REBECCA LANE Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33811 Title: () Delete Title: () Change () Addition SHAULIS, CONRAD Name: Name: Address: P. O BOX 426 Address: City-St-Zip: FLORAHONE, FL 32140 City-St-Zip: Title: () Delete Title: () Change (X) Addition KNAACK, TODD Name: Name: 6817 DANIEL LOOP W Address: Address: City-St-Zip: City-St-Zip: LAKELAND, FL 33809 Title: () Delete Title: () Change (X) Addition DEMOUEY, FRED Name: Name: Address: Address: 5412 REBECCA LANE LAKELAND, FL 33813 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAD TREMEL DP 04/30/2008