2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002887

Entity Name: MY SEED MINISTRIES, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

5143 INDIAN LAKES COURT, #4 3909 SUNBEAM RD. JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

3909 SUNBEAM RD., P.O. BOX 19991

UNIT #711 JACKSONVILLE, FL 32245 JACKSONVILLE, FL 32257

FEI Number: 45-0555947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALE-THOMAS, EMMA GALE-THOMAS, EMMA 5143 INDIAN LAKES CT 3909 SUNBEAM RD #4

UNIT #711

JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32257 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: 05/01/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition GALE-THOMAS, EMMA GALE-THOMAS, EMMA Name: Name: P.O. BOX 19991 Address: 3909 SUNBEAM RD, #711 Address:

City-St-Zip: JACKSONVILLE, FL 32245 City-St-Zip: JACKSONVILLE, FL 32257 89

Title: () Delete Title: (X) Change () Addition

THOMAS, RODNEY L Name: LAVANT, TONALISA G Name: Address: 5431 INDIAN LAKES CT Address: P.O. BIX 104

City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: TOWNSEND, GA 331331

Title: DVP () Delete Title: DVP (X) Change () Addition LAVANT, TONALISA G Name: THOMAS, RODNEY L Name:

Address: P.O BOX 104 Address: 3909 SUNBEAM RD City-St-Zip: TOWNSEND, GA 331331 City-St-Zip: JACKSONVILLE, FL 32257

Title: DT () Delete Title: () Change () Addition

Name: JONES, ANITA A Name: 2686 STARDUST TRAIL Address: Address: City-St-Zip: DECATUR, GA 30034 City-St-Zip:

Title: Title: DS () Delete () Change () Addition

ALLEN, TRINISHA L Name: Name: 7463 DEEP WOOD DR. N Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 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: EMMA GALE-THOMAS DP 05/01/2009