

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008405

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE DREAMSEED FOUNDATION, INC.

Current Principal Place of Business:

2861 SHERMAN AVE
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

2861 SHERMAN AVE
NAPLES, FL 34120

New Mailing Address:

FEI Number: 36-4647223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINZIE, BRADLEY N
709 97TH AVE
NAPLES, FL 34108 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCKINZIE, BRADLEY N
Address: 709 97TH AVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: BROWN-FLYNN, TERRY
Address: 122 BRINEGAR WAY
City-St-Zip: WALLAND, TN 37886

Title: D () Delete
Name: KASTNING, WILLIAM H
Address: 3121 LAUREL RIDGE CT SW
City-St-Zip: BONITA SPRINGS, FL 341342663

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: BRADLEY N. MCKINZIE

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date