## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003570

Entity Name: GOODSEED USA, INC.

FILED Jan 27, 2005 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
3655 N GOVERNMENT WAY SUITE 9 COEUR D'ALENE, ID 83814			SUITE 9	3655 N GOVERNMENT WAY SUITE 9 COEUR D'ALENE, ID 83815		
,						
Current Mailing Address:			New Mail	New Mailing Address:		
P.O. BOX 2890 HAYDEN, ID 83835						
FEI Number:	59-3480436	FEI Number Applied For ( )	FEI Number Not App	plicable ( ) Certificate of Status Des	sired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
5368 ANTH MILTON, FL The above r	_ 32570 US		pose of changing	յ its registered office or registered age	nt, or both,	
in the State	of Florida.					
SIGNATUR						
	Electronic	Signature of Registered Agent	İ	Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DS () E SMYTH, RUSSEL 1615 N 5TH STR COUER D'ALENE	EET	Title: Name: Address: City-St-Zip:	DS (X) Change ( ) Addition SMYTH, RUSSELL J 341 N 17TH STREET COUER D'ALENE, ID 83815		
Title: Name: Address: City-St-Zip:	D () E IOTT, FRANKLIN 4925 N. ANNE COEUR D ALENE		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CROSS, JOHN R 15 BEECH CRES		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	KRAJEC, JOHN A 15 BEECH CRES		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	HUMPHREYS, PA BOX 1000	Delete AUL W ANADA NOG 1RO, OC	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition WOODBRIDGE, KENNETH D 3401 E PINEHILL DR COEUR D ALENE, ID 83815		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUSSELL J SMYTH D 01/27/2005