

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003570**

1. Entity Name  
**GOODSEED USA, INC.**



Principal Place of Business  
**3655 N GOVERNMENT WAY  
SUITE 9  
COEUR D'ALENE, ID 83815**

Mailing Address  
**P.O. BOX 2890  
HAYDEN, ID 83835**



02152006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3480436**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, MALCOLM  
5368 ANTHONY AVE  
MILTON, FL 32570**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Malcolm Edwards*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/9/2006  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**U00000469635  
03/27/06-80011-002 61.25**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	SMYTH, RUSSELL J
STREET ADDRESS	341 N 17TH STREET
CITY- ST- ZIP	COEUR D'ALENE, ID 83815
TITLE	D
NAME	IOTT, FRANKLIN B
STREET ADDRESS	4925 N. ANNE
CITY- ST- ZIP	COEUR D ALENE, ID 83815
TITLE	PD
NAME	CROSS, JOHN R
STREET ADDRESS	15 BEECH CRESCENT
CITY- ST- ZIP	OLDS, AB CANADA T4H 1M1.
TITLE	TD
NAME	KRAJEC, JOHN A
STREET ADDRESS	15 BEECH CRESCENT
CITY- ST- ZIP	OLDS, AB CANADA T4H 1M1.
TITLE	DV
NAME	HUMPHREYS, PAUL W
STREET ADDRESS	BOX 1000
CITY- ST- ZIP	DURHAM, ON, CANADA N0G 1R0,
TITLE	D
NAME	WOODBIDGE, KENNETH D
STREET ADDRESS	3401 E PINEHILL DR
CITY- ST- ZIP	COEUR D ALENE, ID 83815

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Russell J Smyth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2006  
Date  
Daytime Phone #