2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007
Secretary of State

DOCUMENT# N96000003570

Entity Name: GOODSEED USA, INC.

Current Principal Place of Business:

3655 N GOVERNMENT WAY
SUITE 9
COEUR D'ALENE, ID 83815

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2890
HAYDEN, ID 83835

New Mailing Address:

FEI Number: 59-3480436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, MALCOLM
5368 ANTHONY AVE
MILTON, FL 32570 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: DS ( ) Delete
Name: SMYTH, RUSSELL J
Address: 341 N 17TH STREET
City-St-Zip: COUER D'ALENE, ID 83815

Title: D ( ) Delete
Name: IOTT, FRANKLIN B
Address: 4925 N. ANNE
City-St-Zip: COEUR D ALENE, ID 83815

Title: PD ( ) Delete
Name: CROSS, JOHN R
Address: 15 BEECH CRESCENT
City-St-Zip: OLDS, AB CANADA T4H 1M1, OC

Title: TD ( ) Delete
Name: KRAJEC, JOHN A
Address: 15 BEECH CRESCENT
City-St-Zip: OLDS, AB CANADA T4H 1M1, OC

Title: DV ( ) Delete
Name: HUMPHREYS, PAUL W
Address: BOX 1000
City-St-Zip: DURHAM, ON, CANADA N0G 1R0, OC

Title: D ( ) Delete
Name: WOODBRIDGE, KENNETH D
Address: 3401 E PINEHILL DR
City-St-Zip: COEUR D ALENE, ID 83815

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:

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 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: RUSSELL J SMYTH DS 01/22/2007
Electronic Signature of Signing Officer or Director — Date