

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003570

Entity Name: GOODSEED USA, INC.

FILED  
Mar 24, 2009  
Secretary of State

## 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: TS ( ) Delete  
Name: SMYTH, RUSSELL J  
Address: 341 N 17TH STREET  
City-St-Zip: COEUR 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: D (X) Delete  
Name: KRAJEC, JOHN A  
Address: 3655 N GOVERNMENT WAY, UNIT 9  
City-St-Zip: COEUR D ALENE, ID 83815 OC

Title: DV ( ) Delete  
Name: HUMPHREYS, PAUL W  
Address: PO BOX 2890  
City-St-Zip: HAYDEN, ID 83835 OC

Title: D (X) 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: D (X) Change ( ) Addition  
Name: KRAJEC, JOHN A  
Address: 743 E WHISPERING PINES LN # 203  
City-St-Zip: COEUR D ALENE, ID 83815

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

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

Title: DV (X) Change ( ) Addition  
Name: HUMPHREYS, PAUL W  
Address: 2817 SANDRA LN  
City-St-Zip: WAUKESHA, WI 53188 OC

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: RUSSELL J SMYTH

SEC

03/24/2009

Electronic Signature of Signing Officer or Director

Date