2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26036

City-St-Zip:

CROTON-ON-HUDSON, NY

Entity Name: GOODNESS GARDENS INC.

FILED May 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NTY ROUTE 1: MPTON, NY 10				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	NTY ROUTE 1: 1PTON, NY 10				
FEI Number:	: 13-3529257	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
9200 SOU SUITE 508	TH DADELAN }				
MIAMI, FL	331560000 L	JS			
The above in the State	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROSENTHAL,	Y'S END ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MURPHY, BRI	Y'S END ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HENSHAW, DA 1280 JOURNE) Delete NID Y'S END ROAD IUDSON, NY 10520	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	HIMMELSTEIN) Delete , LAURA Y'S END ROAD	Title: Name: Address:	() Change () Addition	

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

City-St-Zip:

SIGNATURE: BRIAN MURPHY PD 05/04/2005