2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 22, 2008
Secretary of State

DOCUMENT# P98000094126

Entity Name: SOUTHERN HYDROSEEDING, INC.

Current Principal Place of Business:

390 20 AVE NW
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

390 20 AVE NW
NAPLES, FL 34120

New Mailing Address:

FEI Number: 59-3546983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPS, RENE
390 20 AVE NW
NAPLES, FL 34120 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: MR ( ) Delete
Name: CAMPS, RENE
Address: 390 20 AVE NW
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete
Name: CAMPS, ELA
Address: 390 20TH AVE NW
City-St-Zip: NAPLES, FL 34120

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MR ( ) Change (X) Addition
Name: CAMPS, MICHEAL J
Address: 390 20TH AVE NW
City-St-Zip: NAPLES, FL 34120

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

SIGNATURE: RENE CAMPS MR 07/22/2008

Electronic Signature of Signing Officer or Director Date