2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

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Entity Name: NEW HARVEST MISSIONS INTERNATIONAL, INC.

Current Principal Place of Business:

9230 RIDGE ROAD
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

9230 RIDGE ROAD
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 43-2062423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALLER, RONALD D
5332 MAIN STREET
NEW PORT RICHEY, FL 35652 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: DP ( ) Delete
Name: ADAWONU, NATHANIEL A
Address: 3353 TROPHY BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DV ( ) Delete
Name: COOPER, RICHARD
Address: 8944 CRESCENT FOREST BLVD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DS ( ) Delete
Name: LOVE, JOHN
Address: 9211 LAKEVIEW DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DT ( ) Delete
Name: KINDT, MICHAEL D
Address: 5912 CACHETTE DE RIVIERA CT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Delete
Name: SMITH, PHILIP
Address: 6110 CALIBER COURT
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ADAWONU, NATHANIEL A
Address: 6029 MOOG ROAD
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Change ( ) Addition
Name: WOJCIK, STANLEY
Address: 12409 PARTRIDGE HILL ROW
City-St-Zip: HUDSON, FL 34667

Title: DST (X) Change ( ) Addition
Name: LOVE, JOHN
Address: 9211 LAKEVIEW DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DV (X) Change ( ) Addition
Name: SMITH, PHILIP A
Address: 6110 CALIBER COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

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: PHILIP A. SMITH DV 04/24/2006
Electronic Signature of Signing Officer or Director — Date