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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/23/07--01072--009 **750.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000000728

1. Entity Name
HARVEST INFO, INC.

Principal Place of Business	Mailing Address
5412 COURSEVIEW SUITE 435 MASON, OH 45040	5412 COURSEVIEW SUITE 435 MASON, OH 45040

07062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
116 Karl Brown Way Suite, Apt. #, etc.	116 Karl Brown Way Suite, Apt. #, etc.
City & State: Loveland, OH	City & State: Loveland, OH
Zip: 45140 Country: USA	Zip: 45140 Country: USA

4. FEI Number: 48-1209049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Chri Probst Asst. Secretary 10-16-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRD BAILEY, SCOTT 116 Karl Brown Way Loveland, OH 45140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUETH, JOSEPH 116 Karl Brown Way Loveland, OH 45140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KORDIK, JAMES G ASST. 2160 Kettering Tower Dayton, OH 45423	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMEN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RH 10-07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph E. Rueth Joseph E. Rueth, CEO 10/11/07 (513) 701-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIRECTOR OR DIRECTOR Date Daytime Phone #