2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F06000000728 1. Entity Name HARVEST INFO, INC. Principal Place of Business Mailing Address 116 KARL BROWN WAY 116 KARL BROWN WAY LOVELAND, OH 45140 LOVELAND, OH 45140



FILED Mar 10, 2008 08:00 A Secretary of State



6. Name and Address of Current Registered Agent

02152008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 48-1209049 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	cing \$5.00 M	lay Be	A MACHINE A PART OF THE STATE O
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRD - BAILEY, SCOTT 116 KARL BROWN WAY LOVELAND, OH 45140	CTORS .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUETH, JOSEPH 116 KARL BROWN WAY LOVELAND, OH 45140			3/26/0 03/26/0	00851756 8+80002-006-150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORDIK, JAMES G ASST. 116 KARL BROWN WAY LOVELAND, OH 45140			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS,	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			and the state of t		
TITLE NAME STREET ADDRESS-CITY-ST-ZIP		The state of the s			

12. Thereby 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: