2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003
Secretary of State

DOCUMENT# K71220

Entity Name: HEALTHY HARVEST, INC.

Current Principal Place of Business:

209 CROCKETT BOULEVARD
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

209 CROCKETT BOULEVARD
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-2936729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINDS, RHONDA L P.A.
300 MAGNOLIA AVE., STE. A
MERRITT ISLAND, FL 32952 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete
Name: PARSONS, WALT,
Address: 340 ISLAND BEACH BLVD
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition
Name: PARSONS, WALT,
Address: 209 CROCKETT BLVD
City-St-Zip: MERRITT ISLAND, FL 32953

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.

SIGNATURE: WALTER C. PARSONS III PRES 04/23/2003

Electronic Signature of Signing Officer or Director — Date