2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N02000003893

Entity Name: MISSION HARVEST AMERICA, INC.

Current Principal Place of Business:

69 S. COPELAND STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551065
JACKSONVILLE, FL 322551065

New Mailing Address:

69 S. COPELAND STREET
JACKSONVILLE, FL 32204

FEI Number: 31-1567889 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAINTER, DEWEY E PRESIDE
7840 FAWN OAKS CT.
JACKSONVILLE, FL 32256 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: TREA ( ) Delete
Name: CRISP, TOM DR
Address: 6836 MONTROSE AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: SEC ( ) Delete
Name: JEWELL, HAROLD E REV
Address: 6157 ROYAL ESTATES PLACE
City-St-Zip: JACKSONVILE, FL 32277

Title: PRES ( ) Delete
Name: PAINTER, DEWEY E DR
Address: 7840 FAWN OAKS CT.
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: DEWEY E. PAINTER, SR. PRES 05/01/2009

Electronic Signature of Signing Officer or Director — Date