2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005191

Entity Name: HARVESTIME THEOLOGICAL SCHOOL INC.

FILED Aug 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8308 N GRADY AVE TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

P O BOX 262107 TAMPA, FL 33685

FEI Number: 27-0020499 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: Name and Address of New Registered Agent:

TAX HOUSE CORPORATION

1261 E SAMPLE RD

POMPANO BEACH, FL 33064 US

DA SILVA, ANTONIO P
7712 W. POCAHONTAS AVE.
TAMPA, FL 33615 US

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: ANTONIO DA SILVA 08/16/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP
 () Delete
 Title:
 DP
 (X) Change () Addition

 Name:
 DA SILVA, ANTIONIO P
 Name:
 DA SILVA, ANTONIO P

Address: 7712 W POCAHONTAS AVE Address: 7712 W. POCAHONTAS AVE.

City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615

Title: DV () Delete Title: DV (X) Change () Addition Name: ROMUALDO, ANTONIO D Name: SANTANA, MARCO A

 Address:
 5202 GINGER COVE DR #E
 Address:
 2139 TRAILWOOD DR.

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 ORANGE PARK, FL 32003

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 ROMUALDO, MIDORI
 Name:
 LIMA, GIONALDO P

 Address:
 5202 GINGER COVE DR #E
 Address:
 3423 LORETTO RD.

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:
 JACKSONVILLE, FL 32223

Title: DS () Delete Title: DS (X) Change () Addition
Name: SILVA, THEARA D Name: SANCHEZ, ROBERTO
Address: 7712 W POCAHONTAS AVE Address: 9000 REGENCY SQUARE BLVD.

City-St-Zip: TAMPA, FL 33615 City-St-Zip: JACKSONVILLE, FL 32211

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: ANTONIO DA SILVA DP 08/16/2006

Electronic Signature of Signing Officer or Director

Date