

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 25, 2006  
Secretary of State**

DOCUMENT# N03000005620

Entity Name: IT'S HARVEST TIME MINISTIRES INTERNATIONAL, INC.

**Current Principal Place of Business:**

14535 BRUCE B DOWNS BLVD #1034  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

14535 BRUCE B DOWNS BLVD #1034  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 41-2101931      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, SHARON  
14535 BRUCE B DOWNS BLVD #1034  
TAMPA, FL 33613      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: D      ( ) Delete  
Name: THOMAS, SHARON  
Address: 14535 BRUCE B DOWNS BLVD #1034  
City-St-Zip: TAMPA, FL 33613

Title: D      ( ) Delete  
Name: SHARON, KENNEDY  
Address: 33 HUDSON AVENUE  
City-St-Zip: ORLOVISTA, FL

Title: D      ( ) Delete  
Name: BROWN, VALERIE  
Address: 14535 BRUCE B DOWNS BLVD #1034  
City-St-Zip: TAMPA, FL 33613

Title: D      ( ) Delete  
Name: DAVIS, MILLIE  
Address: 8323 CANTERBURY LAKE BLVD  
City-St-Zip: TAMPA, FL 33619

Title: D      ( ) Delete  
Name: MCCREE, BARBARA  
Address: 1640 CRESTLAWN AVENUE  
City-St-Zip: ORLANDO, FL 332811

**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:

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 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: SHARON THOMAS

DIR

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date