## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005792

Entity Name: KINGDOM HARVEST INC.

FILED Jan 16, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1050 OLD DIXIE HWY SW VERO BEACH, FL 32962 **Current Mailing Address: New Mailing Address:** 1050 OLD DIXIE HWY SW 2520 ORANGE AVE VERO BEACH, FL 32962 FT. PIERCE, FL 34947 FEI Number: 11-3697936 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUNT, AUSTIN W 4210 14TH ST VERO BEACH, FL 32960 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition HUNT, AUSTIN W HUNT, AUSTIN W Name: Name: 4210 14TH ST Address: 4210 14TH ST Address: City-St-Zip: VERO BEACH, FL 32960 IR City-St-Zip: VERO BEACH, FL 32960 Title: Title: (X) Change ( ) Addition ( ) Delete HUNT, VIRGINIA L Name: FLYNT, DAVID J Name: Address: 4210 14TH ST Address: 1246 41ST AVE City-St-Zip: VERO BEACH, FL 32958 IR City-St-Zip: VERO BEACH, FL 32958 Title: () Delete Title: () Change () Addition REARDIN, BRADLEY Name: Name: Address: PO BOX 640 Address: City-St-Zip: ROSELAND, FL 32957 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: ZINK, DANIEL Address: Address: 7055 29TH CT City-St-Zip: City-St-Zip: VERO BEACH, FL 32967 Title: () Delete Title: ( ) Change (X) Addition BROWN, EDGAR Name: Name: 13939 INDRIO RD. Address: Address: City-St-Zip: City-St-Zip: FT. PIERCE, FL 34945 Title: () Delete Title: ( ) Change (X) Addition BAILEY, ANDRAE J Name: Name: Address: Address: 150 W. MICHIGAN ST. ORLANDO, FL 32806 City-St-Zip: 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: DAVID J FLYNT VP 01/16/2007