

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 06, 2007
Secretary of State

DOCUMENT# N04000002342

Entity Name: ANOINTED HARVEST INC.**Current Principal Place of Business:**5791 NW 10 LN
OCALA, FL 34482**New Principal Place of Business:****Current Mailing Address:**5791 NW 10 LN
OCALA, FL 34482**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCOTT, LARESA
5791 NW 10 LN
OCALA, FL 34482 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: P () Delete
Name: SCOTT, LARESA
Address: 5791 NW 10 LN
City-St-Zip: OCALA, FL 34482Title: V () Delete
Name: SCOTT, ROBERT
Address: 5791 NW 10 LN
City-St-Zip: OCALA, FL 34482Title: ST () Delete
Name: SCOTT, ZYANTAVIA
Address: 5791 NW 10 LN
City-St-Zip: OCALA, FL 34482Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SV (X) Change () Addition
Name: SMITH, JOSEPH B
Address: 2389 NE 55TH PL
City-St-Zip: OCALA, FL 34479Title: V (X) Change () Addition
Name: SMITH, RICKY
Address: 22 PINE TRACE PL
City-St-Zip: OCALA, FL 34472Title: T () Change (X) Addition
Name: STREETS, MESHAN P
Address: 22 PINE TRACE PL
City-St-Zip: OCALA, FL 34472Title: S () Change (X) Addition
Name: SMITH, GLORIA J
Address: 2389 NE 55TH PL
City-St-Zip: OCALA, FL 34479

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: LARESA SCOTT

P

12/06/2007

Electronic Signature of Signing Officer or Director

Date