2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 10, 2008
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 34482

Title: SV ( ) Delete
Name: SMITH, JOSEPH B
Address: 2389 NE 55TH PL
City-St-Zip: OCALA, FL 34479

Title: V ( ) Delete
Name: SMITH, RICKY
Address: 22 PINE TRACE PL
City-St-Zip: OCALA, FL 34472

Title: T ( ) Delete
Name: STREETS, MESHAN P
Address: 22 PINE TRACE PL
City-St-Zip: OCALA, FL 34472

Title: S ( ) Delete
Name: SMITH, GLORIA J
Address: 2389 NE 55TH PL
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, JOSEPH B
Address: 2389 NE 55TH PL
City-St-Zip: OCALA, FL 34479

Title: SV (X) Change ( ) Addition
Name: SMITH, RICKY
Address: 2 CHERRY DRIVE LANE
City-St-Zip: OCALA, FL 34472

Title: V (X) Change ( ) Addition
Name: SMITH, GLORIA J
Address: P O BOX 830814
City-St-Zip: OCALA, FL 34483

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

Title: S (X) Change ( ) Addition
Name: SCOTT, LARESA
Address: 5791 NW 10TH LANE
City-St-Zip: OCALA, FL 34482

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: JOSEPH SMITH P 09/10/2008

Electronic Signature of Signing Officer or Director — Date