

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011453

FILED
Mar 20, 2007
Secretary of State

Entity Name: LORD OF THE HARVEST MINISTRIES INT'L INC.

Current Principal Place of Business:

500 NW 203RD STREET
MIAMI, FL 33169

New Principal Place of Business:

2775 N.W. 183RD STREET
MIAMI, FL 33056

Current Mailing Address:

500 NW 203RD STREET
MIAMI, FL 33169

New Mailing Address:

FEI Number: 83-0414648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, STANLEY A.
500 NW 203RD STREET
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

KING, STANLEY A.
500 NW 203RD STREET
MIAMI, FL 33169 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: STANLEY A. KING

03/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, STANLEY A.
Address: 500 NW 203RD STREET
City-St-Zip: MIAMI, FL 33169

Title: DVPT () Delete
Name: KING, LAVADA R.
Address: 500 NW 203RD STREET
City-St-Zip: MIAMI, FL 33169

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KING, STANLEY A.
Address: 500 NW 203RD STREET
City-St-Zip: MIAMI, FL 33169

Title: DVPT (X) Change () Addition
Name: KING, LAVADA R.
Address: 500 NW 203RD STREET
City-St-Zip: MIAMI, FL 33169

Title: D () Change (X) Addition
Name: ERVIN, JOANNE
Address: 1325 TIMBERWALK DRIVE
City-St-Zip: LOGANVILLE, GA 30052

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: LAVADA R. KING

DVPT

03/20/2007

Electronic Signature of Signing Officer or Director

Date