2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000008210

Entity Name: NEW LIFE HARVEST MINISTRIES INC.

Current Principal Place of Business:

122 N FIRST STREET
LAKE WALES, FL 33859

New Principal Place of Business:

327 1/ 2 3RD ST
AUBURNDALE, FL 33823

Current Mailing Address:

P.O. BOX 4121
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 84-1712688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGDON, TREASES
327 3RD ST
AUBURNDALE, FL 33823 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: CP ( ) Delete
Name: HIGDON, TREASES
Address: 327 3RD ST
City-St-Zip: AUBURNDALE, FL 33823

Title: P ( ) Delete
Name: HIGDON, DERRICK
Address: 327 3RD ST
City-St-Zip: AUBURNDALE, FL 33823

Title: T ( ) Delete
Name: ROBINSON, DENISE
Address: 49 COLEMAN RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete
Name: SPANN, LORETHA
Address: 148 AVENUE U NE
City-St-Zip: WINTER HAVEN, FL 33880

Title: C ( ) Delete
Name: HARVEY, CASSANDRA
Address: 312 MONTEGO CT
City-St-Zip: WINTER HAVEN, FL 33884

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 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: TREASES HIGDON CP 04/30/2008

Electronic Signature of Signing Officer or Director — Date