

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 03, 2011
Secretary of State

DOCUMENT# N07000000384

Entity Name: HOGANS HARVEST INC.**Current Principal Place of Business:**6945 MORSE AVENUE - UNIT 1038
JACKSONVILLE, FL 32244**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX 2084
ST AUGUSTINE, FL 32085**New Mailing Address:****FEI Number:** 20-8267763**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JALIL, SHARIF
6945 MORSE AVENUE - UNIT 1038
JACKSONVILLE, FL 32244 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: CEO
Name: HOGAN, CHERYL DR.
Address: P.O. BOX 2084
City-St-Zip: ST AUGUSTINE, FL 32085

Title: P
Name: HOGAN, CHERYL D
Address: PO BOX 2084
City-St-Zip: ST. AUGUSTINE, FL 320853422

Title: V. P
Name: HOGAN, WALTER R
Address: PO BOX 2084
City-St-Zip: ST. AUGUSTINE, FL 320853422

Title: T
Name: REID, DWAYNE
Address: PO BOX 2084
City-St-Zip: ST AUGUSTINE, FL 32085

Title: S
Name: WHITE, ZANDRA
Address: PO BOX 2084
City-St-Zip: ST AUGUSTINE, FL 32085

Title: D
Name: MCGLOCKING, REGINA
Address: PO BOX 2084
City-St-Zip: ST AUGUSTINE, FL 32085

I hereby 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 all other like empowered.

SIGNATURE: DR CHERYL HOGAN

CEO

05/03/2011

Electronic Signature of Signing Officer or Director

Date