2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# N36881

Entity Name: NEW HARVEST MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

% JOHN ANTHONY MILLER
370 HOLIDAY ISLE BLVD
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

% JOHN ANTHONY MILLER
PO BOX 700
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 65-0161585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, JOHN ANTHONY
370 HOLIDAY ISLE BLVD
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

BEN WILLIAMS
PO BOX 700
CLEWISTON, FL 33440 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: BEN WILLIAMS 01/30/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILLER, JOHN ANTHONY,
Address: 224 SANDY RUN DR.
City-St-Zip: GREER, SC 29651

Title: VD ( ) Delete
Name: MILLER, REV. JOHN L.,
Address: 7010 EGGBORNSVILLE RD
City-St-Zip: RIXEYVILLE, VA 72737

Title: STD ( ) Delete
Name: WILLIAMS, BEN,
Address: 629 CONCORDIA
City-St-Zip: CLEWISTON, FL 33440

Title: VP ( ) Delete
Name: PELHAM, CHARLES C
Address: 305 E. CRESCENT AVE.
City-St-Zip: CLEWISTON, FL 33440

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:

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: BEN WILLIAMS STD 01/30/2006
Electronic Signature of Signing Officer or Director Date