2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36881

FILED Jul 14, 2008 Secretary of State

Entity Name: NEW HARVEST MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

360 HOLIDAY ISLE BLVD
CLEWISTON, FL 33440 US
370 HOLIDAY ISLE BLVD
CLEWISTON, FL 33440 US

Current Mailing Address: New Mailing Address:

PO BOX 700

CLEWISTON, FL 33440 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEN WILLIAMS

629 CONCORDIA AVE

CLEWISTON, FL 33440 US

DAVID J STRICKLAND

919 N BERNER ROAD

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: DAVID J STRICKLAND 07/14/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 VP (X) Change () Addition

 Name:
 MILLER, JOHN ANTHONY,
 Name:
 MILLER, JOHN ANTHONY,

 Address:
 224 SANDY RUN DR.
 Address:
 224 SANDY RUN DR.

 City-St-Zip:
 GREER, SC 29651
 City-St-Zip:
 GREER, SC 29651

Title: VD () Delete Title: () Change () Addition

 Name:
 MILLER, REV. JOHN L.,
 Name:

 Address:
 7010 EGGBORNSVILLE RD
 Address:

 City-St-Zip:
 RIXEYVILLE, VA 72737
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 WILLIAMS, BEN,
 Name:
 STRICKLAND, DAVID J

 Address:
 629 CONCORDIA
 Address:
 919 N BERNER ROAD

 City-St-Zip:
 CLEWISTON, FL 33440
 City-St-Zip:
 CLEWISTON, FL 33440

Title: VP () Delete Title: P (X) Change () Addition

 Name:
 PELHAM, CHARLES C
 Name:
 PELHAM, CHARLES C

 Address:
 305 E. CRESCENT AVE.
 Address:
 305 E. CRESCENT AVE.

 City-St-Zip:
 CLEWISTON, FL 33440
 City-St-Zip:
 CLEWISTON, FL 33440

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: DAVID J STRICKLAND STD 07/14/2008