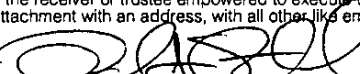


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N36881 1. Entity Name NEW HARVEST MINISTRIES INTERNATIONAL, INC.						FILED 08 AUG 18 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 370 HOLIDAY ISLE BLVD CLEWISTON, FL 33440 US				Mailing Address PO BOX 700 CLEWISTON, FL 33440 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 65-0161585				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DAVID J STRICKLAND 919 N-BERNER ROAD CLEWISTON, FL 33440				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, JOHN ANTHONY 224 SANDY RUN DR. GREER, SC 29651 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Miller, John Anthony 12708 Cobblestone Way Oklahoma City, OK 73142 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, REV. JOHN L. 7010 EGGBORNSVILLE RD RIXEYVILLE, VA 72737 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300134952363 08/26/08--01011--003 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRICKLAND, DAVID J 919 N BERNER ROAD CLEWISTON, FL 33440 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PELHAM, CHARLES C 305 E. CRESCENT AVE. CLEWISTON, FL 33440 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pelham, Charles C. 305 East Crescent Ave Clewiston, FL 33440 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				David J Strickland		8/12/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	