

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 11, 2007
Secretary of State

DOCUMENT# N97000004252

Entity Name: HARVEST HOUSE MINISTRIES INC.**Current Principal Place of Business:**680 NW 43RD AVE.
PLANTATION, FL 33317**New Principal Place of Business:**222 N. FEDERAL HWY
DANIA BEACH, FL 33004**Current Mailing Address:**680 NW 43RD AVE.
PLANTATION, FL 33317**New Mailing Address:**5307 GATE LAKE ROAD
TAMARAC, FL 33319**FEI Number:** 65-1015058**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FINDLATER, AUSTIN A
680 NW 43RD AVENUE
PLANTATION, FL 33317 US**Name and Address of New Registered Agent:**WALTERS, SHANE
5307 GATE LAKE ROAD
TAMARAC, FL 33319 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: SHANE WALTERS

06/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBB, DAVE
Address: 7496 NW 33RD ST.
City-St-Zip: LAUDERHILL, FL 33319

Title: T () Delete
Name: FINDLATER, AUSTIN
Address: 680 NW 43RD AVE.
City-St-Zip: PLANTATION, FL 33317

Title: SD () Delete
Name: WEBB, EMILY
Address: 7496 NW 33RD ST.
City-St-Zip: LAUDERHILL, FL 33319

Title: VP (X) Delete
Name: BROWN, CANDACE
Address: 2170 NW 20TH STREET.
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, CANDACE
Address: 5307 GATE LAKE ROAD
City-St-Zip: TAMARAC, FL 33319

Title: T (X) Change () Addition
Name: WALTERS, SHANE
Address: 5307 GATE LAKE ROAD
City-St-Zip: TAMARAC, FL 33319

Title: SD (X) Change () Addition
Name: HUMPHREY, CARMELISA
Address: 6260 SOUTH FALL CIRCLE DRIVE #110
City-St-Zip: LAUDERHILL, FL 33319

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: CANDACE BROWN

P

06/11/2007

Electronic Signature of Signing Officer or Director

Date