2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000048808

Entity Name: NEW HARVEST BAKERY, INC.

FILED Jun 12, 2006 Secretary of State

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

6828 ALOMA AVE

WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

6828 ALOMA AVE WINTER PARK, FL 32792

FEI Number: 20-1962685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KING, BARBARA FELSHAW, CATHY R
910 HEDGEWOOD CT 6828 ALOMA AVENUE

WINTER PARK, FL 32792 US WINTER PARK, FL 32792 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: CATHY ROE FELSHAW 06/12/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 KING, BARBARA S
 Name:
 FELSHAW, CATHY R

 Address:
 910 HEDGEWOOD CT
 Address:
 1290 DESMOND DRIVE

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:
 DELTONA, FL 32725

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

 Name:
 COLE, RICHARD A
 Name:
 MOORE, BARBARA A

 Address:
 910 HEDGEWOOD CT
 Address:
 216 MANTE DRIVE

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:
 KISSIMMEE, FL 34743

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

 Name:
 Name:
 NELSON, STEPHANIE F

 Address:
 Address:
 216 MANTE DRIVE

 City-St-Zip:
 City-St-Zip:
 KISSIMMEE, FL 34743

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY ROE FELSHAW PS 06/12/2006