

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000097380

FILED
Aug 10, 2006
Secretary of State**Entity Name:** NEW HARVEST, INC.**Current Principal Place of Business:**400 NORTH TAMPA STREET
SUITE 2200
TAMPA, FL 33602 US**New Principal Place of Business:****Current Mailing Address:**400 NORTH TAMPA STREET
SUITE 2200
TAMPA, FL 33602 US**New Mailing Address:****FEI Number:** 59-3485332**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WATERS, ELIZABETH A
400 NORTH TAMPA STREET
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DCOB () Delete
Name: FERGUSON, HOWELL L
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602**Title:** VP () Delete
Name: BARBER, WILLIAM
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602**Title:** VPS () Delete
Name: WATERS, ELIZABETH
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602**Title:** EVP () Delete
Name: BENNETT, FREDERICK J
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: BARBER, WILLIAM
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: BENNETT, FREDERICK J
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602**Title:** VPGM () Change (X) Addition
Name: BOHANNON, DAVID
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602**Title:** VP () Change (X) Addition
Name: BAUMAN, CARL
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602

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: CARL BAUMAN

VP

08/10/2006

Electronic Signature of Signing Officer or Director

Date