

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097380

FILED
May 01, 2011
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 N TAMPA ST, SUITE 2200
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:

CHASE, RICHARD
400 N TAMPA ST, SUITE 2200
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
Name: FERGUSON, HOWELL L
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602

Title: P
Name: BARBER, WILLIAM
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602

Title: S
Name: CHASE, RICHARD
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602

Title: VP
Name: BENNETT, FREDERICK J
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602

Title: VPGM
Name: BOHANNON, DAVID
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602

Title: VP
Name: BAUMAN, CARL
Address: 400 NORTH TAMPA STREET
City-St-Zip: TAMPA, FL 33602

I hereby 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 all other like empowered.

SIGNATURE: HOWELL FERGUSON

CCEO

05/01/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date