

1.) CORPORATION NAME:

CHINA HARVEST, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GARY A RUSSELL
4116 LINDENWOOD DR
CHESAPEAKE, VA**

SCC ID NO: **04855698**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 12249

CITY/ST/ZIP: WICHITA, KS 67277-2249

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY A RUSSELL	
TITLE:	P/D	
ADDRESS:	4116 LINDENWOOD DR	
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23321-1814	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVE MILLER	
TITLE:	S/D	
ADDRESS:	PO BOX 12249	
CITY/ST/ZIP/CO:	WICHITA, KS 67277-2249	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JACK BROWN	
TITLE:	TREASURER	
ADDRESS:	6465 N OAK SHADOWS CIR	
CITY/ST/ZIP/CO:	MEMPHIS, TN 38119	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARY GILLIAM	
TITLE:	VICE CHAIRMAN	
ADDRESS:	2929 DREAMCATCHER LOOP	
CITY/ST/ZIP/CO:	CASTLE ROCK, CO 80109-8695	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MALCOLM WEBBER	
TITLE:	CHAIRMAN	
ADDRESS:	2601 BENHAM AVE	
CITY/ST/ZIP/CO:	ELKHART, IN 46517	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLIE BECK	
TITLE:	DIRECTOR	
ADDRESS:	189 LINDSEY LN	
CITY/ST/ZIP/CO:	VOLANT, PA 16156	

NAME: DANIEL GUO TITLE: DIRECTOR ADDRESS: 2851 SUN VALLEY RD CITY/ST/ZIP/CO: LISLE, IL 60532	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PETER LEE TITLE: DIRECTOR ADDRESS: 2660 W WOODLAND DR CITY/ST/ZIP/CO: STE 105 ANAHEIM, CA 92801	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAMES LOFTIN TITLE: DIRECTOR ADDRESS: 715 GLEN EAGLE DR CITY/ST/ZIP/CO: WINTER SPRINGS, FL 32708	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BOB WEINER TITLE: DIRECTOR ADDRESS: PO BOX 1799 CITY/ST/ZIP/CO: GAINESVILLE, FL 32602	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MATTHEW WINN TITLE: DIRECTOR ADDRESS: 5308 HUNTINGWOOD COURT CITY/ST/ZIP/CO: SARASOTA, FL 34235	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ GARY A RUSSELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARY A RUSSELL, P/D PRINTED NAME AND CORPORATE TITLE	4/21/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		