


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L78953
 1. Entity Name
AMAZON HERB COMPANY



Principal Place of Business 1002 JUPITER PARK LANE SUITE 1 JUPITER, FL 33458	Mailing Address 1002 JUPITER PARK LANE SUITE 1 JUPITER, FL 33458
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0199738	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HACKNEY, BOB
 4400 PGA BLVD SUITE 505
 PALM BEACH GARDENS, FL 33410

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000310591
 04/18/05-80010-022 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EASTERLING, JOHN 1002 JUPITER PARK LANE, SUITE 1 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRY, MICHAEL 1002 JUPITER PARK LANE, SUITE 1 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICHOLAS, TED RUE DU LAC 6 #31 - 1815 CLARENS MONTREAU, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUTWIN, ROBERT 1051 SLATE DRIVE SANTA ROSA, CA 95405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP O'DELL, ELAINE 419 BEACON STREET TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FLATT, THEODORE 2581 ROBIN CIRCLE PORT SAINT LUCIE, FL 34952

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/12/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR