


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N03000004735
 1. Entity Name
AMAZON HERB RESEARCH AND EDUCATION FOUNDATION, INC.



Principal Place of Business Mailing Address
1002 JUPITER PARK LANE STE 1 **1002 JUPITER PARK LANE STE 1**
JUPITER, FL 33458 **JUPITER, FL 33458**

DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
30-0187639 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HACKNEY, ROBERT C
11891 US HWY ONE STE 105
NORTH PALM BEACH, FL 33408

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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)

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EASTERLING, JOHN
STREET ADDRESS	1002 JUPITER PARK LANE STE 1
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	D
NAME	HAWVER, JAMES
STREET ADDRESS	1002 JUPITER PARK LANE STE 1
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	D
NAME	FLEISHER, MITCH
STREET ADDRESS	1002 JUPITER PARK LANE STE 1
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000310481
 04/18/05-80006-009 61.25

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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)(f), 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 617, 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 filers empowered.

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