

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006803

FILED
Jan 04, 2007
Secretary of State

Entity Name: FLORIDA SCHOOL OF HERBAL STUDIES, INC.

Current Principal Place of Business:

1820 ALOMA AVE
WINTER PARK, FL 32789

New Principal Place of Business:

622A N THORNTON AVE
ORLANDO, FL 32803

Current Mailing Address:

1820 ALOMA AVE
WINTER PARK, FL 32789

New Mailing Address:

622A N THORNTON AVE
ORLANDO, FL 32803

FEI Number: 20-5047949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUFF, EMILY E
1820 ALOMA AVE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

RUFF, EMILY E
622A N THORNTON AVE
ORLANDO, FL 32803 US

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: EMLIY RUFF

01/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUFF, EMILY E
Address: 1820 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: Tiner, MICHAEL W
Address: 2843 HERTHA AVE
City-St-Zip: ORLANDO, FL 32826

Title: GARD () Delete
Name: SUMMERS, SHALAMAR
Address: 3639 SHALIMAR CT
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUFF, EMILY E
Address: 622A N THORNTON AVE
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMILY RUFF

P

01/04/2007

Electronic Signature of Signing Officer or Director

Date