

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003940

**Entity Name:** HERBALSCIENCE, INC.

**Current Principal Place of Business:**

3301 BONITA BEACH ROAD  
STE 308  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

3301 BONITA BEACH ROAD  
STE 308  
BONITA SPRINGS, FL 34134

**FEI Number:** 26-0655719

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOW, KAY FED.D.  
3301 BONITA BEACH ROAD  
STE 308  
BONITA SPRINGS, FL 34134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name GOW, ROBERT T  
Address 3301 BONITA BEACH ROAD, STE 308  
City-State-Zip: BONITA SPRINGS FL 34134

Title S, D  
Name GOW, KAY F DR.  
Address 3301 BONITA BEACH ROAD, STE 308  
City-State-Zip: BONITA SPRINGS FL 34134

Title D  
Name BONO, MARK  
Address 3301 BONITA BEACH ROAD, STE 308  
City-State-Zip: BONITA SPRINGS FL 34134

Title D  
Name SUN, ANTHONY M.D.  
Address 3301 BONITA BEACH ROAD, STE 308  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** KAY F. GOW, ED.D.

**DIRECTOR**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date