2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003940

Entity Name: HERBALSCIENCE, INC.

FILED Apr 30, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1004 COLLIER CENTER WAY, SUITE 200 3301 BONITA BEACH ROAD NAPLES, FL 34110

STE 308

BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

1004 COLLIER CENTER WAY, SUITE 200 3301 BONITA BEACH ROAD NAPLES, FL 34110

STE 308

BONITA SPRINGS, FL 34134

FEI Number: 26-0655719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM GOW, KAY F ED.D 3301 BONITA BEACH ROAD 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324 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: /S/ KAY F GOW, ED.D. 04/30/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

GOW, ROBERT T Name:

3301 BONITA BEACH ROAD, STE 308 Address: City-St-Zip: BONITA SPRINGS, FL 34134

Title:

Name: GOW, KAY G ED.D.

3301 BONITA BEACH ROAD, STE 308 Address: BONITA SPRINGS, FL 34134 City-St-Zip:

Title: D

BONO, MARK Name:

3301 BONITA BEACH ROAD, STE 308 Address: City-St-Zip: BONITA SPRINGS, FL 34134

Title:

SUN, ANTHONY M.D. Name:

Address: 3301 BONITA BEACH ROAD, STE 308 City-St-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: /S/ KAY F GOW. ED.D. S 04/30/2012