


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000045709 1. Entity Name HERB WORLD, INC.	
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Principal Place of Business 979 WEST STATE ROAD 434 LONGWOOD, FL 32750	Mailing Address 979 WEST STATE ROAD 434 LONGWOOD, FL 32750
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08152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3717903	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEBOUT, VICKIE L 778 LAKE HOWELL RD MAITLAND, FL 32751
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when renewing)	DATE 08/20/07-80005-022 150.00
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HAMILTON, FRANCES M 979 WEST STATE ROAD 434 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HAMILTON, THOMAS M 979 WEST STATE ROAD 434 LONGWOOD, FL 32750
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Frances M. Hamilton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>8/15/07</u> <small>Date</small>	<u>407 339-3388</u> <small>Daytime Phone #</small>
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