

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000093961

1. Entity Name
HERBAL ELEMENTS, INC.



**FILED
Apr 25, 2005 8:00 am
Secretary of State**

04-25-2005 90303 044 ***150.00

Principal Place of Business
21346 ST. ANDREWS BOULEVARD
SUITE 2000
BOCA RATON, FL 33433

Mailing Address
21346 ST. ANDREWS BOULEVARD
SUITE 2000
BOCA RATON, FL 33433

2. Principal Place of Business

3. Mailing Address

50043507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCELWAIN, LYN
21346 ST. ANDREWS BOULEVARD
SUITE 2000
BOCA RATON, FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
- After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution:

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME MCELWAIN, LYN
STREET ADDRESS 21346 ST. ANDREWS BOULEVARD, SUITE 2000
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John McElwain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #