


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90005 037 ***150.00

DOCUMENT # P05000004755			
1. Entity Name CLEAN GREEN HERBS INC			
Principal Place of Business 18830 STATE ROAD 19 GROVELAND, FL 34736		Mailing Address 18830 STATE ROAD 19 GROVELAND, FL 34736	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03062007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2146949		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BHAGANI, SUDHIR 18830 STATE ROAD 19 GROVELAND, FL 34736		Name JAYSHREE BHAGANI	
		Street Address (P.O. Box Number is Not Acceptable) 7988 INDIANHOUSE LN	
		City GROVELAND FL Zip Code 34736	

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 *Bhagani* (NOTE: Registered Agent signature required when reinstating) DATE 1/17/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHAGANI, SUDHIR		NAME		
STREET ADDRESS	18830 STATE ROAD 19		STREET ADDRESS		
CITY-ST-ZIP	GROVELAND, FL 34736		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHAGANI, JAYSHREE		NAME	JAYSHREE BHAGANI	
STREET ADDRESS	18830 STATE ROAD 19		STREET ADDRESS	7988 INDIANHOUSE LN	
CITY-ST-ZIP	GROVELAND, FL 34736		CITY-ST-ZIP	GROVELAND, FL 34736	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	NITESH BHAGANI	
STREET ADDRESS			STREET ADDRESS	7988 INDIANHOUSE LN	
CITY-ST-ZIP			CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RITESH BHAGANI	
STREET ADDRESS			STREET ADDRESS	7988 INDIANHOUSE LN	
CITY-ST-ZIP			CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* DATE 1/17/07 DAYTIME PHONE # 352-429-1212