


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000004755 1. Entity Name CLEAN GREEN HERBS INC	
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FILED
07 MAY 30 AM 11:01
TALLAHASSEE, FLORIDA

Principal Place of Business 18830 STATE ROAD 19 GROVELAND, FL 34736	Mailing Address 18830 STATE ROAD 19 GROVELAND, FL 34736
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05222007 Chg-P CR2E034 (12/06)

City & State	City & State
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4. FEI Number 20-2146949	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BHAGANI, JAYSHREE 7988 INDIANHOUSE LN. GROVELAND, FL 34736	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 DATE: 5/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BHAGANI, JAYSHREE	NAME	600104259286
STREET ADDRESS	7988 INDIANHOUSE LN.	STREET ADDRESS	06/12/07--01025--008 **70.00
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>[Signature]</i>	NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	NITESH BHAGANI
CITY-ST-ZIP		CITY-ST-ZIP	7988 INDIANHOUSE LANE GROVELAND FL 34736
TITLE		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	RITESH BHAGANI
CITY-ST-ZIP		CITY-ST-ZIP	7988 INDIANHOUSE LANE GROVELAND FL 34736
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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: Bhagani DATE: 5/22/07 DAYTIME PHONE: 352 429-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR