2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P05000111703

Entity Name: INDIGENOUS MEDICINALS, INC.

Current Principal Place of Business:

8725 SW 176 STREET
PALMETTO ESTATES, FL 33157

New Principal Place of Business:

6050 SW 116TH STREET
MIAMI, FL 33156

Current Mailing Address:

P.O. BOX 565175
MIAMI, FL 33256

New Mailing Address:

FEI Number: 20-3296161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAUGHERTY, CHRISTOPHER
8725 SW 176 STREET
PALMETTO ESTATES, FL 33157 US

Name and Address of New Registered Agent:

DAUGHERTY, CHRISTOPHER R P.
6050 SW 116TH ST.
MIAMI, FL 33156 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: CHRISTOPHER DAUGHERTY 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAUGHERTY, CHRISTOPHER
Address: P.O. BOX 565175
City-St-Zip: MIAMI, FL 33256

Title: D ( ) Delete
Name: HEIN, MARK
Address: P.O. BOX 565175
City-St-Zip: MIAMI, FL 33256

Title: S ( ) Delete
Name: FLORES, ANTHONY
Address: P.O. BOX 565175
City-St-Zip: MIAMI, FL 33256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AD (X) Change ( ) Addition
Name: HARLEMAN, MICHAEL B AD
Address: 1434 BERKELEY #4
City-St-Zip: SANTA MONICA, CA 90404 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL HARLEMAN AD 04/28/2006
Electronic Signature of Signing Officer or Director Date