2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P06000050400

Entity Name: ALOE HERBS FOR LIFE, INC.

Current Principal Place of Business:

5635 NW WESLEY ROAD
SUITE #1
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

101 N US HWY 1
SUITE #114
FORT PIERCE, FL 34950

Current Mailing Address:

P O BOX 13602
FT. PIERCE, FL 34979

New Mailing Address:

FEI Number: 20-0846643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLOYD, RACHAEL
5635 NW WESLEY ROAD
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLOYD, RACHAEL
Address: P O BOX 13602
City-St-Zip: FORT PIERCE, FL 34979

Title: VP ( ) Delete
Name: FLOYD, JOHN
Address: P O BOX 13602
City-St-Zip: FORT PIERCE, FL 34979

Title: SEC ( ) Delete
Name: WILSON, CARLENE
Address: 5545 N ROSEDALE CIR
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RACHAEL FLOYD PRES 05/01/2009

Electronic Signature of Signing Officer or Director Date