

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017910

Entity Name: HIGH GRADE HERBAL INC

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

5036 DR. PHILLIPS BLVD.
SUITE 166
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5036 DR. PHILLIPS BLVD.
SUITE 166
ORLANDO, NY 32819

New Mailing Address:

FEI Number: 20-8430149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, KAREN
5036 DR. PHILLIPS BLVD.
SUITE 166
ORLANDO, FL 32819 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWELL, KAREN
Address: 5036 DR. PHILLIPS BLVD SIUTE 166
City-St-Zip: ORLANDO, FL 32776

Title: VP () Delete
Name: POWELL, HOWARD
Address: 5036 DR. PHILLIPS BLVD. SUITE 166
City-St-Zip: ORLANDO,, FL 32819

Title: P () Delete
Name: POWELL, HOWARD
Address: 5036 DR. PHILLIPS BLVD. SUITE 166
City-St-Zip: ORLANDO,, FL 32819

Title: VP (X) Delete
Name: RABBANI, DAVID
Address: 5036 DR. PHILLIPS BLVD. SUITE 166
City-St-Zip: ORLANDO,, FL 32819

Title: S (X) Delete
Name: POWELL, KAREN
Address: 5036 DR. PHILLIPS BLVD. SUITE 166
City-St-Zip: ORLANDO,, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POWELL, HOWARD
Address: 5036 DR. PHILLIPS BLVD SIUTE 166
City-St-Zip: ORLANDO, FL 32776

Title: VP (X) Change () Addition
Name: RABBANI, DAVID
Address: 5036 DR. PHILLIPS BLVD. SUITE 166
City-St-Zip: ORLANDO,, FL 32819

Title: SEC (X) Change () Addition
Name: POWEL, KAREN
Address: 5036 DR. PHILLIPS BLVD. SUITE 166
City-St-Zip: ORLANDO,, FL 32819

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: HOWARD POWELL

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date