

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000041954

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: LIMITED EDITION HERBS, INC.

## Current Principal Place of Business:

400 OAK HILL DR  
WINONA LAKE, IN 46590 US

## New Principal Place of Business:

## Current Mailing Address:

400 OAK HILL DR  
WINONA LAKE, IN 46590 US

## New Mailing Address:

FEI Number: 65-0403224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHARF, ROBERT D  
1999 UNIVERSITY DRIVE  
SUITE 402  
CORAL SPRINGS, FL 33071 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: S ( ) Delete  
Name: BUSHMAN, KIMBERLY  
Address: 1629 SW 81ST AVE  
City-St-Zip: N LAUDERDALE, FL 33068

Title: P ( ) Delete  
Name: WHITMAN, WENDALL  
Address: 1629 SW 81ST AVE  
City-St-Zip: N LAUDERDALE, FL 33068

Title: TS ( ) Delete  
Name: KLINE, JULIE  
Address: 1629 SW 81ST AVE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP ( ) Delete  
Name: KLINE, BILL  
Address: 1629 SW 81ST AVE  
City-St-Zip: N LAUDERDALE, FL 33068

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change ( ) Addition  
Name: KLINE, JULIE  
Address: 401 KINGS HIGHWAY  
City-St-Zip: WINONA LAKE, IN 46590

Title: VP (X) Change ( ) Addition  
Name: KLINE, BILL  
Address: 400 OAK HILL DRIVE  
City-St-Zip: WINONA LAKE, IN 46590

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: JULIE KLINE

TS

07/03/2006

Electronic Signature of Signing Officer or Director

Date