2005 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P95000010342 1. Entity Name INTERNATIONAL HERBAL DELIGHT, INC. Principal Place of Business Mailing Address 2121 WEST COLONIA DR. 2121 WEST COLONIA DR. ORLANDO, FL 32804 US ORLANDO, FL 32804 02172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3297331 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WHITELY, CALVIN DO NOT WRITE 204 W. 19TH STREET APOPKA, FL 32703 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE WHITELY, CALVIN STREET ADDRESS 204 WEST 19TH STREET CITY-ST-ZIP APOPKA, FL 32703 TITLE U00000357128 NAME 05/04/05-80060-019 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED