2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008631

Entity Name: HERBAL ADVANTAGE, INC.

FILED Apr 16, 2009 Secretary of State

Littly Nai	HE. HERBAL ADVANTAGE, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	LVER SPRINGS BLVD			
UNIT 109 OCALA, FI	L 34470 US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	LVER SPRINGS BLVD			
UNIT 109 OCALA, FI	L 34470 US			
FEI Number:	: 59-3425978 FEI Number Applied For	() FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and			of New Registered Agent:	
	OAN 7TH LANE RINGS, FL 34488 US			
	named entity submits this statement f e of Florida.	or the purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Register	red Agent	Date	
Election Car	npaign Financing Trust Fund Contribution (().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPVT () Delete VALIER, JOAN 4901 E SILVER SPGS BLVD OCALA, FL 34470	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete DAVIS, JAMES W 4901 E SILVER SPGS BLVD OCALA, FL 34470	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOAN VALIER PRES 04/16/2009