


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90149 011 \*\*\*150.00

<b>DOCUMENT # P98000107578</b>		
1. Entity Name <b>HERBAL HEALTH PRODUCTS, INC.</b>		

Principal Place of Business <b>6911 BRYAN DAIRY RD STE 210 LARGO, FL 33777</b>	Mailing Address <b>6911 BRYAN DAIRY RD STE 210 LARGO, FL 33777</b>
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2. Principal Place of Business <b>12399 BELCHER ROAD SOUTH</b>	3. Mailing Address <b>12399 BELCHER ROAD SOUTH</b>
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Suite, Apt. #, etc. <b>SUITE 140</b>	Suite, Apt. #, etc. <b>SUITE 140</b>
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City & State <b>LARGO, FL</b>	City & State <b>LARGO, FL</b>
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Zip <b>33773</b>	Country <b>USA</b>	Zip <b>33773</b>	Country <b>USA</b>
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6. Name and Address of Current Registered Agent	
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TANEJA, JUGAL K 6950 BRYAN DAIRY RD LARGO, FL 33777	
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40077289



04242006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3550327</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 file if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE TANEJA, MANDEEP K 6911 BRYAN DAIRY RD STE 210 LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CEO TANEJA, MANDEEP K 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO SHUMAN, CANI 6911 BRYAN DAIRY RD STE 210 LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CFO SHUMAN, CANI 12399 BELCHER ROAD SOUTH, SUITE 140 LARGO, FL 33773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TANEJA, JUGAL K 6950 BRYAN DAIRY ROAD LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Mandeeep K Taneja, CEO 4/24/06 727-683-0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	