


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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


05-02-2006 90226 002 ***150.00

DOCUMENT # V14471 1. Entity Name HERBEAU CREATIONS OF AMERICA, INC.	
--	---

Principal Place of Business 3600 WESTVIEW DR NAPLES, FL 34104	Mailing Address 3600 WESTVIEW DR NAPLES, FL 34104
---	---

DO NOT WRITE IN THIS SPACE

00000000



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0323694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6..Name and Address of Current Registered Agent

PFEUFFER, WILLIAM A.
1124 GOODLETTE RD N
NAPLES, FL 34102

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARON, HOLGER 3600 WESTVIEW DR NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBEAU, MAURICE 3600 WESTVIEW DR NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYER, ROBERT 3600 WESTVIEW DR NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERCHEAU, LIONEL 3600 WESTVIEW DR NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARLET, PHILIPPE 3600 WESTVIEW DRIVE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/06 Daytime Phone #: 234-417-5368