| No. <b>C 165942</b>  |   | Due no later than Mar 31, 2011   |  | 2. Registered Ag        | 2. Registered Agent and Address (NO PO BOX)                      |         |             |  |
|--|---|--|--|-------------------------|--|---------|-------------|--|
| Return to:   |   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  "IMAGINE"A CURE" CANCER TREATMENT RESEARCH FOUNDATION INCORPORATED DR HENRY MAKOWITZ  11800 S COUNTRY CLUB DR IDAHO FALLS ID 83404 |  |                         | DR HENRY MAKOWITZ  11800 S COUNTRY CLUB DR  IDAHO FALLS ID 83404 |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |   |  |  |                         |  |         |             |  |
|  |   |  |  | IDANO FALLS             |  |         |             |  |
|  |   |  |  | 3. <u>New</u> Registere | 3. New Registered Agent Signature:*                              |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |  |  |                         |  |         |             |  |
| 4. Corporations: Enter Nan   | nes and Busin   | ess Addresses of F   | President, Secretary, and Directors. Treasur | er (optional).          |  |         |             |  |
| Office Held  | Name  |  | Street or PO Address                         | City                    | State  | Country | Postal Code |  |
| DIRECTOR DR HENRY M  |   | IAKOWITZ   | 11800 S COUNTRY CLUB DR                      | IDAHO FALLS             | ID   | USA     | 83404       |  |
| DIRECTOR ANDREW MA   |   | AKOWITZ  | 4034 REXFORD B                               | BOCA RATON              | FL   | USA     | 33434       |  |
| DIRECTOR   | MERVIN EVANS  |  | 655 FLOWER ST #250                           | LOS ANGELES             | CA   | USA     | 90017       |  |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*  |  |                         |  |         |             |  |
| ID<br>C 165942   |   | Signature: Henry Makowitz  |  |                         | Date: 01/14/2011   |         |             |  |
|  |   | Name (type or print): Henry Makowitz   |  |                         | Title: Director  |         |             |  |
| Processed 01/14/2011   | * Electronically provided signatures are accepted as original signatures. |  |  |                         |  |         |             |  |