

No. C 143588		Due no later than Apr 30, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. DIETARY SUPPLEMENTS FOR SENIOR HEALTH, INC. LISA MARIE PO BOX 2343 EAGLE ID 83616		LISA MARIE GOOLD 863 W QUARTER DR EAGLE ID 83616			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	LISA MARIE	PO BOX 2323	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 143588		6. Annual Report must be signed.* Signature: Lisa Marie Name (type or print): Lisa Marie					
		Date: 02/26/2008 Title: Director					
Processed 02/26/2008 * Electronically provided signatures are accepted as original signatures.							