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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 196035</b>                                                                                                                                    |                   | <b>Due no later than Sep 30, 2016</b>                                                                                                                                                                             |             | <b>2. Registered Agent and Address (NO PO BOX)</b>                 |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SENIOR CARE SERVICES, INC.<br>SUNSHINE SINGH ACTIVSTYLE INC<br>1701 BROADWAY ST NE<br>MINNEAPOLIS MN 55413-2638 |             | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                                                   |             | 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                                                                                                                                               | WALLACE WEEKS     | 2104 LIONEL DRIVE                                                                                                                                                                                                 | MELBOURNE   | FL                                                                 | USA     | 32940       |  |
| DIRECTOR                                                                                                                                               | GREGG T. ANDERSON | 5547 WINGWOOD CT                                                                                                                                                                                                  | MINNETONKA  | MN                                                                 | USA     | 55345       |  |
| PRESIDENT                                                                                                                                              | GAYLE DEVIN       | 1701 BROADWAY ST NE                                                                                                                                                                                               | MINNEAPOLIS | MN                                                                 | USA     | 55413-2638  |  |
| 5. Organized Under the Laws of:<br><br><b>CO<br/>C 196035</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Gayle Devin<br>Name (type or print): Gayle Devin<br>Date: 09/22/2016<br>Title: CEO                                                                                |             |                                                                    |         |             |  |
| Processed 09/22/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                                         |             |                                                                    |         |             |  |