

| No. C 177519   |                   | Due no later than Mar 31, 2009<br><b>Annual Report Form</b>   |           | 2. Registered Agent and Address ( <b>NO PO BOX</b> )           |         |             |  |
|--|-------------------|---|-----------|--|---------|-------------|--|
| Return to:<br><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>1. Mailing Address: Correct in this box if needed.</b><br><br>HERBAL HEALTH SOLUTION, INC.<br>JAMES H HENDERSON<br>1212 9TH ST SOUTH STE A<br>NAMPA ID 83651-4650<br>USA |           | JAMES H HENDERSON<br>1212 9TH ST SOUTH STE A<br>NAMPA ID 83651 |         |             |  |
| 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 |  |
| PRESIDENT  | DONALD D MERRIT   | 101 CONVENTION CENTER DR SUITE<br>700   | LAS VEGAS | NV   | USA     | 89109       |  |
| SECRETARY  | JAMES H HENDERSON | 1212 9TH ST SOUTH STE A   | NAMPA     | ID   | USA     | 83651       |  |
| 5. Organized Under the Laws of:<br><br><b>NV<br/>C 177519</b>  |                   | 6. Annual Report must be signed.*<br><br>Signature: James H. Henderson<br>Name (type or print): James H. Henderson  |           |  |         |             |  |
|  |                   | Date: 01/12/2009<br>Title: Secretary  |           |  |         |             |  |
| Processed 01/12/2009      * Electronically provided signatures are accepted as original signatures.  |                   |   |           |  |         |             |  |