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|--|--|---|---|-------|---------|-------------|
| No. <b>C 191438</b>  | <b>Due no later than Jun 30, 2012</b><br><b>Annual Report Form</b>   |   | 2. Registered Agent and Address <b>(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>1. Mailing Address: Correct in this box if needed.</b><br><br>PREPARE TO SOAR, INC.<br>KIM K LEWIS<br>PO BOX 907<br>NAMPA ID 83653<br>USA |   | KIM K LEWIS<br>8 6TH STREET N. STE. 101<br>NAMPA ID 83687 |       |         |             |
|  |  |   | 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   | KIM K LEWIS  | 731 ABERDEEN DRIVE  | NAMPA   | ID    | USA     | 83686       |
| DIRECTOR   | DAVID W LEWIS  | 731 ABERDEEN DRIVE  | NAMPA   | ID    | USA     | 83686       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 191438</b>  | 6. Annual Report must be signed.*<br>Signature: Kim Lewis<br>Name (type or print): Kim Lewis   |   | Date: 04/09/2012<br>Title: Director                       |       |         |             |
| Processed 04/09/2012   |  | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |