

No. C 158193		Due no later than Jan 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTHALLIES, INC. 505 NORTH BRAND BOULEVARD SUITE 850 GLENDALE CA 91203 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
				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	
PRESIDENT	MARCEE ILEEN CHMAIT	505 NORTH BRAND BOULEVARD SUITE 850	GLENDALE	CA	USA	91203	
SECRETARY	TIMOTHY FRANCIS RYAN	505 NORTH BRAND BOULEVARD SUITE 850	GLENDALE	CA	USA	91203	
TREASURER	ROBERT WORTH OBERRENDER	505 NORTH BRAND BOULEVARD SUITE 850	GLENDALE	CA	USA	91203	
DIRECTOR	JEFFREY DAVID GROSKLAGS	505 NORTH BRAND BOULEVARD SUITE 850	GLENDALE	CA	USA	91203	
DIRECTOR	DAVID LYNN SPARKMAN	505 NORTH BRAND BOULEVARD SUITE 850	GLENDALE	CA	USA	91203	
DIRECTOR	ROBERT THOMAS WEBB	505 NORTH BRAND BOULEVARD SUITE 850	GLENDALE	CA	USA	91203	
5. Organized Under the Laws of: DE C 158193		6. Annual Report must be signed.* Signature: Mandeline Hendricks Name (type or print): Mandeline Hendricks Date: 01/18/2011 Title: Poa					
Processed 01/18/2011		* Electronically provided signatures are accepted as original signatures.					