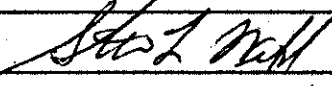


No. C 114726 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than April 30, 2008 Annual Report Form 1. Mailing Address - Correct in this box, if applicable HEALTH CENTS, INC. MARJAN WETZEL <i>Steven L. Wetzel</i> 585 TIEBREAKER DR AMMON, ID 83406	2. Registered Agent and Office NO PO BOX MARJAN WETZEL <i>Steven L. Wetzel</i> 585 TIEBREAKER DR AMMON, ID 83406 3. New Registered Agent Signature 																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td><i>President</i></td> <td><i>Steven L. Wetzel</i></td> <td><i>585 Tiebreaker Dr.</i></td> <td><i>Ammon</i></td> <td><i>ID</i></td> <td><i>83406</i></td> </tr> <tr> <td><i>sec./treas.</i></td> <td><i>marjan wetzel</i></td> <td><i>585 Tie Breaker Dr.</i></td> <td><i>Ammon</i></td> <td><i>ID</i></td> <td><i>83406</i></td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	<i>President</i>	<i>Steven L. Wetzel</i>	<i>585 Tiebreaker Dr.</i>	<i>Ammon</i>	<i>ID</i>	<i>83406</i>	<i>sec./treas.</i>	<i>marjan wetzel</i>	<i>585 Tie Breaker Dr.</i>	<i>Ammon</i>	<i>ID</i>	<i>83406</i>
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5. Organized Under the Laws of: IDAHO C 114726	6. Signature  Date <i>2/13/08</i> Name (Typed or Printed) <i>Steven L. Wetzel</i> Title <i>President</i>																			

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