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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------|---------|------------------|--|
| No. <b>C 183342</b>                                                                                                                                    |                | <b>Due no later than Jun 30, 2010</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>VITALIFE CENTRE, INC.<br>SHAWNA LYN EMERY<br>PO BOX 633<br>PRIEST RIVER ID 83856<br>USA |              | SHAWNA LYN EMERY<br>119 MAIN ST STE 102A<br>PRIEST RIVER ID 83856 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                                                           |              | 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                                                                                                                                              | SHAWNA L EMERY | PO BOX 633                                                                                                                                                                                | PRIEST RIVER | ID                                                                | USA     | 83856            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                                         |              |                                                                   |         |                  |  |
| <b>ID<br/>C 183342</b>                                                                                                                                 |                | Signature: Shawna Lyn Emery                                                                                                                                                               |              |                                                                   |         | Date: 05/12/2010 |  |
|                                                                                                                                                        |                | Name (type or print): Shawna Lyn Emery                                                                                                                                                    |              |                                                                   |         | Title: President |  |
| Processed 05/12/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                 |              |                                                                   |         |                  |  |