

No. <b>C 183342</b>		<b>Due no later than Jun 30, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  VITALIFE CENTRE, INC. SHAWNA LYN EMERY PO BOX 633 PRIEST RIVER ID 83856 USA		SHAWNA LYN EMERY 119 MAIN ST STE 102A 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</b> <b>C 183342</b>		Signature: Shawna Emery				Date: 04/18/2011	
		Name (type or print): Shawna Emery				Title: Accountant	
Processed 04/18/2011		* Electronically provided signatures are accepted as original signatures.					