

|                                                                                                                                                        |                |                                                                                                                                                |             |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>C 186148</b>                                                                                                                                    |                | <b>Due no later than Feb 28, 2011</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>MOXIE ENDEAVORS INC<br>KELLY GALLOWAY<br>329 S WOODRUFF<br>IDAHO FALLS ID 83401   |             | KELLY GALLOWAY<br>329 S WOODRUFF<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                |             | 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                                                                                                                                              | KELLY GALLOWAY | 329 S WOODRUFF                                                                                                                                 | IDAHO FALLS | ID                                                       | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 186148</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Kelly Galloway<br>Name (type or print): Kelly Galloway<br>Date: 01/26/2011<br>Title: President |             |                                                          |         |             |  |
| Processed 01/26/2011                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                      |             |                                                          |         |             |  |