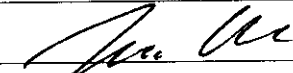


No. W 36261	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JOSHUA N ANDREWS 2600 E SELTICE WAY #262 POST FALLS, ID 83854												
	WORLDWIDE HEALTH PRODUCTS, LLC JOSHUA N ANDREWS 2600 E SELTICE WAY #262 POST FALLS, ID 83854		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td></td> <td>manager</td> <td>Joshua Andrews</td> <td>4990 Frazier</td> <td>Post Falls</td> <td>Id 83854</td> </tr> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		manager	Joshua Andrews	4990 Frazier	Post Falls	Id 83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
	manager	Joshua Andrews	4990 Frazier	Post Falls	Id 83854										
5. Organized Under the Laws of: IDAHO W 36261		6. Signature <u></u> Date <u>11/9/05</u> Name (Typed or Printed) <u>Joshua Andrews</u> Title <u>manager</u>													