

No. C 158193	Due no later than Jan 31, 2008 Annual Report Form	2. Registered Agent and Address (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 needed. HEALTHALLIES, INC. PAIGE JOHNSON 5995 PLAZA DRIVE CA112-0267 CYPRESS CA 90630 USA	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA 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
DIRECTOR	JOHN A WAY	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
DIRECTOR	DAVID L SPARKMAN	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
TREASURER	ROBERT W OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
SECRETARY	TIMOTHY F RYAN	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
PRESIDENT	MARCEE I GOLDEN	505 N BRAND BLVD #850 CA009-1000	GLENDALE	CA	USA	91203
5. Organized Under the Laws of: DE C 158193	6. Annual Report must be signed.* Signature: Juanita B. Luis Name (type or print): Juanita B. Luis		Date: 11/20/2007 Title: Assistant Secretary			
Processed 11/20/2007		* Electronically provided signatures are accepted as original signatures.				