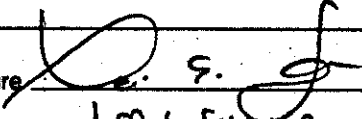


No. C 155031	Due no later than June 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		ADAM SHANDRO 300 MAIN ST STE 156 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature																		
	SHANDRO WELLNESS, INC. 300 MAIN ST STE 156 BOISE, ID 83702																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th data-bbox="24 409 235 440"><u>Office held</u></th> <th data-bbox="243 409 519 440"><u>Name</u></th> <th data-bbox="527 409 1039 440"><u>Street or P.O. Address</u></th> <th data-bbox="1047 409 1242 440"><u>City</u></th> <th data-bbox="1250 409 1421 440"><u>State</u></th> <th data-bbox="1429 409 1594 440"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="24 450 235 523">PRESIDENT</td> <td data-bbox="243 450 519 523">ADAM SHANDRO</td> <td data-bbox="527 450 1039 523">300 MAIN ST., SUITE 156</td> <td data-bbox="1047 450 1242 523">BOISE</td> <td data-bbox="1250 450 1421 523">ID</td> <td data-bbox="1429 450 1594 523">83702</td> </tr> <tr> <td data-bbox="24 533 235 585">VP</td> <td data-bbox="243 533 519 585">LORI SHANDRO</td> <td data-bbox="527 533 1039 585">Same</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	ADAM SHANDRO	300 MAIN ST., SUITE 156	BOISE	ID	83702	VP	LORI SHANDRO	Same			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
PRESIDENT	ADAM SHANDRO	300 MAIN ST., SUITE 156	BOISE	ID	83702																
VP	LORI SHANDRO	Same																			
5. Organized Under the Laws of: IDAHO C 155031	6. Signature  Date 7/8/08 Name (Typed or Printed) LORI SHANDRO Title VP																				