


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90149 031 ***150.00

DOCUMENT # F06000002232	
1. Entity Name HEALTHWAYS HEALTH TRENDS, INC.	

Principal Place of Business 6629 WEST CENTRAL AVENUE, SUITE 100 TOLEDO, OH 43617	Mailing Address 6629 WEST CENTRAL AVENUE, SUITE 100 TOLEDO, OH 43617
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40066134



03192007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	HARRIS, III, JOHN H
STREET ADDRESS	6629 WEST CENTRAL AVENUE, SUITE 100
CITY-ST-ZIP	TOLEDO, OH 43617
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	LYTLE, HUGH L
STREET ADDRESS	6629 WEST CENTRAL AVENUE, SUITE 100
CITY-ST-ZIP	TOLEDO, OH 43617
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	HARRIS, III, JOHN H
STREET ADDRESS	6629 WEST CENTRAL AVENUE, SUITE 100
CITY-ST-ZIP	TOLEDO, OH 43617
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	YOUNT, PATRICK
STREET ADDRESS	6629 WEST CENTRAL AVENUE, SUITE 100
CITY-ST-ZIP	TOLEDO, OH 43617
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	DANIELSON, BARBARA M
STREET ADDRESS	6629 WEST CENTRAL AVENUE, SUITE 100
CITY-ST-ZIP	TOLEDO, OH 43617
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	HARRIS, DIANE
STREET ADDRESS	6629 WEST CENTRAL AVENUE, SUITE 100
CITY-ST-ZIP	TOLEDO, OH 43617

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ben R. Leedle, Jr.
STREET ADDRESS	6629 W. Central Ave., Suite 100
CITY-ST-ZIP	Toledo, OH 43617
TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James E. Pope, MD
STREET ADDRESS	6629 W. Central Ave., Suite 100
CITY-ST-ZIP	Toledo, OH 43617
TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary A. Chaput
STREET ADDRESS	6629 W. Central Ave., Suite 100
CITY-ST-ZIP	Toledo, OH 43617
TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alfred Lumsdaine
STREET ADDRESS	6629 W. Central Ave., Suite 100
CITY-ST-ZIP	Toledo, OH 43617
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **March 22, 2007** **615-665-1122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Alfred Lumsdaine** Date Daytime Phone #