2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830548

Entity Name: ELAN VITAL, INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
1535 GRAN SUITE 140 DENVER, C					
Current Mailing Address:			New Mailir	New Mailing Address:	
ELAN VITAL, INC P.O. BOX 2220 AGOURA HILLS, CA 91376					
FEI Number:	23-7174539	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL ST. TALLAHASSEE, FL 32303 US					
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.					
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () DO TRINE, ROBERT 2899 AGOURA RO WESTLAKE VILLA	DAD, TMB 219	Title: Name: Address: City-St-Zip:	T (X) Change () Addition TRINE, ROBERT 2899 AGOURA ROAD, TMB 219 WESTLAKE VILLAGE, CA 91361	
Title: Name: Address: City-St-Zip:	PT () DO LEBLANG, LARRY 28720 CANWOOD AGOURA HILLS, C	′ D) STREET, SUITE 201	Title: Name: Address: City-St-Zip:	PT (X) Change () Addition HENDERLING, RUSS 11202 PACIFIC VIEW ROAD MALIBU, CA 90265	
Title: Name: Address: City-St-Zip:	D () DO TRINE, ROBERT 2899 AGOURA RO WESTLAKE VILLA	DAD, TMB 219	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DO KOWARSKY, STE 6 PEMBURY COU MELVILLE, NY 11	PHEN R RT	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	D () DO LEITNER, MARCIA 555 KINGS ROAD ALAMEDA, CA 94	4	Title: Name: Address: City-St-Zip:	S (X) Change () Addition LEITNER, MARCIA 555 KINGS ROAD ALAMEDA, CA 94501	
Title: Name: Address: City-St-Zip:	D () DO BROGAN, BARBA 135 MURCOTT CI ORANGE VILLAGI	RA RCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSS HENDERLING PT 01/09/2006