

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006805

FILED  
Jan 27, 2006  
Secretary of State

Entity Name: HEALTHALLIES, INC.

## Current Principal Place of Business:

505 N. BRAND BLVD.  
SUITE 850  
GLENDALE, CA 91203

## New Principal Place of Business:

## Current Mailing Address:

450 COLUMBUS BLVD, CT030-15NB  
HARTFORD, CT 06103

## New Mailing Address:

FEI Number: 95-4763349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SLAVITT, ANDREW M  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: VP ( ) Delete  
Name: GOLDEN, MARCEE  
Address: 400 N. BRAND BLVD., STE. 950  
City-St-Zip: GLENDALE, CA 91203

Title: S ( ) Delete  
Name: RUSSMAN, ERIC  
Address: 450 COLUMBUS BLVD., CT030-15NB  
City-St-Zip: HARTFORD, CT 06103

Title: AT ( ) Delete  
Name: ANDERSON, CRAIG  
Address: 450 COLUMBUS BLVD. CT030-15NB  
City-St-Zip: HARTFORD, CT 06103

Title: D ( ) Delete  
Name: BAHL, TRACY  
Address: 1114 AVENUE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CHMAIT, MARCEE  
Address: 505 N. BRAND BLVD., STE. 850  
City-St-Zip: GLENDALE, CA 91203

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AT (X) Change ( ) Addition  
Name: TRAN, THOMAS  
Address: 450 COLUMBUS BLVD. CT030-15NB  
City-St-Zip: HARTFORD, CT 06103

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC RUSSMAN

S

01/27/2006

Electronic Signature of Signing Officer or Director

Date