2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# F04000006805

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:

5995 PLAZA DRIVE
CA112-0267
CYPRESS, CA 90630

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: CHMAIT, MARCEE
Address: 505 NORTH BRAND BLVD. #850
City-St-Zip: GLENDALE, CA 91203

Title: VP ( ) Delete
Name: WINSTON, ALAN
Address: 6300 OLSON MEMORIAL HIGHWAY
City-St-Zip: GOLDEN VALLEY, MN 55427

Title: AS ( ) Delete
Name: MCGUIRE, THOMAS
Address: 450 COLUMBUS BLVD., CT030-15NB
City-St-Zip: HARTFORD, CT 06103

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

Title: D ( ) Delete
Name: SPARKMAN, DAVID
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHMAIT, MARCEE I
Address: 505 NORTH BRAND BLVD. #850
City-St-Zip: GLENDALE, CA 91203

Title: S (X) Change ( ) Addition
Name: RYAN, TIMOTHY F
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNENTONA, MN 55343

Title: AS (X) Change ( ) Addition
Name: LUIS, JUANITA B
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

Title: T (X) Change ( ) Addition
Name: OBERRENDER, ROBERT W
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

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

Title: D ( ) Change (X) Addition
Name: WAY, JOHN A
Address: 6300 OLSON MEMORIAL HWY
City-St-Zip: GOLDEN VALLEY, MN 55427

I hereby certify that the information supplied with this filing does not qualify 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: JUANITA B. LUIS AS 04/28/2008

Electronic Signature of Signing Officer or Director Date