

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006805

Entity Name: HEALTHALLIES, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

5995 PLAZA DRIVE  
CA112-0267  
CYPRESS, CA 90630

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: RYAN, TIMOTHY F  
Address: 6300 OLSON MEMORIAL HWY  
City-St-Zip: GOLDEN VALLEY, MN 55427

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

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

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

Title: D (X) Change ( ) Addition  
Name: WEBB, ROBERT T  
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: TIMOTHY F. RYAN

S

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date