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Jul 16, 2007 8:00 am
Secretary of State
07-16-2007 90127 010 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000007494

1. Entity Name
MONARCH HEALTH SCIENCES, INC.

40125341

Principal Place of Business	Mailing Address
10757 S. RIVER FRONT PARKWAY SUITE 110 SOUTH JORDAN, UT 84095	10757 S. RIVER FRONT PARKWAY SUITE 110 SOUTH JORDAN, UT 84095

07112007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc	State, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 05-0585343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRINK, CHARLES R 10027 NEW PARKE RD TAMPA, FL 33626	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changed)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES LARSEN, DALLIN A 175 S. 200 W. OREM, UT 84095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP MARSH, HENRY 1864 S. STONE RIDGE DR BOUNTIFUL, UT 84010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP BRINK, CHARLES ~~10027 NEW PARKE RD~~ TAMPA, FL 33626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP LARSEN, RANDY 10968 S. SHILLING AVE, #2121 SALT LAKE CITY, UT 84095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP COWLEY, AMY 604 VISTA VIEW LN NSL, UT 84054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP COWLEY, AMY 604 VISTA VIEW LN NSL UT 84054	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ AMY COWLEY, EVP 6/12/7 801-748-3104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #