## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000002055

Entity Name: MARATHON HEALTH, INC.

FILED Mar 14, 2008 Secretary of State

Owner the Principal Place of Business		Now Princi	New Principal Place of Pusiness			
Current Principal Place of Business:  New Principal Place of Business:  354 MOUNTAIN VIEW DRIVE SUITE 300  COLCHESTER, VT 05446						
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Current Mailing Address:			New Mailir	New Mailing Address:		
354 MOUNTAIN VIEW DRIVE SUITE 300 COLCHESTER, VT 05446						
FEI Number:	26-0103977	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
THOMAS, STEVEN 501 NORTH ORLANDO AVE #313230 WINTER PARK, FL 32789 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.						
SIGNATUR		- Oissants - FD - sistemat Assant		Dete		
	Electroni	c Signature of Registered Agent		Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TARRANT, RICH	VIEW DRIVE SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () ROBERTS, RON 360 ROUTE 101 BEDFORD, NH	STE 3A	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	RAGOSTA, GUY	VIEW DRIVE SUITE 300	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition FORD, JERRY 354 MOUNTAIN VIEW DRIVE SUITE 300 COLCHESTER, VT 05446		
Title: Name: Address: City-St-Zip:	RAGOSTA, GUY	VIEW DRIVE SUITE 300	Title: Name: Address: City-St-Zip:	PRES (X) Change ( ) Addition REUTER, CHARLES 107 WEST GREENBROOK ROAD NORTH CALDWELL, NJ 07006		
Title: Name: Address: City-St-Zip:	BERGMANN, BA	VIEW DRIVE SUITE 300	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	LAPLANT, SCÓT	VIEW DRIVE SUITE 300	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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: SCOTT LAPLANT CFO 03/14/2008