2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# F10000005337

Entity Name: PURE HEALTH SOLUTIONS USA, INC.

Current Principal Place of Business:

950 CORPORATE WOODS PARKWAY
VERNON HILLS, IL 60061

New Principal Place of Business:

Current Mailing Address:

950 CORPORATE WOODS PARKWAY
VERNON HILLS, IL 60061

New Mailing Address:

FEI Number: 84-1386975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DIR
Name: KAYE, MICHAEL S
Address: 100 BAYVIEW CIRCLE #500
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DIR
Name: HAIZ, PATRICK J
Address: 100 BAYVIEW CIRCLE #500
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DIR
Name: MACK, JOSHUA M
Address: 100 BAYVIEW CIRCLE #500
City-St-Zip: NEWPORT BEACH, CA 92660

Title: PRES
Name: CROSBY, ALAN M
Address: 950 CORPORATE WOODS PARKWAY
City-St-Zip: VERNON HILLS, IL 60061

Title: SECR
Name: MACK, JOSHUA M
Address: 100 BAYVIEW CIR
City-St-Zip: NEWPORT BEACH, CA 92660

I hereby 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 all other like empowered.

SIGNATURE: ALAN M CROSBY PRES 03/01/2011

Electronic Signature of Signing Officer or Director Date