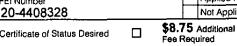
## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P06000030344 1. Entity Name MAGNA HEALTH INC. Principal Place of Business Mailing Address **47 SOUTH PALM AVENUE 47 SOUTH PALM AVENUE** SUITE 212 SARASOTA, FL 34236 US SUITE 212 SARASOTA, FL 34236 US CR2E034 (11/05) 04252008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 20-4408328 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HANNON, RICHARD T 47 SOUTH PALM AVENUE SUITE 212 SARASOTA, FL 34236 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.

**FILED** May 01, 2008 08:00 AN Secretary of State

Applied For

Not Applicable



DO NOT WRITE IN THIS SPACE

SIGNATURE	i				_		1	
SIGNATION A	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Reg	istared Agent signature	required when reinstating)		DATE	375 pm 5 - 4 - 4	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut	~ ~	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	٠ ٠٠	* 4				, 1 <sub>N</sub>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNON, RICHARD T 47 SOUTH PALM AVENUE, SUITE 21 SARASOTA, FL 34236	2		÷			e e e e e e e e e e e e e e e e e e e	* v.
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D KRAMER, ROBERT K 833 DRAYTON STREET NORTH VANCOUVER, BC CANADA,	. V7L 2C2			000000	0940898 -80085-1	005 150.O	) 10 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBONDT, MICHAEL 2509 JAMAICA STREET SARASOTA, FL 34321			DO	NOT V	VRITE	<b>:</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				i IN	THIS S	PACE		
TITLE NAME STREET ADDRESSCITY_ST-ZIP					A Control of the Cont	Y		
NAME STREET ADDRESS CITY-ST-ZIP								・ ! ・ ! : * ・ / : * ・ ! : * ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !
12. I hereby indicated	certify that the information supplied with this f	iling does not qualify for the and accurate and that my si	e exemptions co gnature shall ha	ntained in Chapter 11 ve the same legal effe	<ol> <li>Florida Statutes ct as if made unde</li> </ol>	I further cert r oath; that I s	ify that the inform m an officer or o	nation tirector

of the corporation or the receiver of changed, or on an attachment with fuster employered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block

SIGNATURE:

Daytime Phone #