2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#830548

Entity Name: ELAN VITAL, INC.

FILED Jan 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 20 ISLAND AVENUE SUITE 104 MIAMI, FL 33139 **New Mailing Address: Current Mailing Address:** ELAN VITAL, INC P.O. BOX 6130 MALIBU, CA 90264 FEI Number: 23-7174539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, LINDA M. 11900 BISCAYNE BLVD SUITE 200 MIAMI, FL 33131 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GABRIEL, CAROL Name: Name: Address: 28720 CANWOOD STREET, SUITE 201 Address: City-St-Zip: AGOURA HILLS, CA 91301 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LEBLANG, LARRY D Name: Address: 28720 CANWOOD STREET, SUITE 201 Address: City-St-Zip: AGOURA HILLS, CA 91301 City-St-Zip: Title: () Delete Title: () Change () Addition TRINE, ROBERT Name: Name: 2899 AGOURA ROAD, TMB 219 Address: Address: City-St-Zip: WESTLAKE VILLAGE, CA 91361 City-St-Zip: () Delete Title: Title: () Change () Addition KOWARSKY, STEPHEN R Name: Name: 6 PEMBURY COURT Address: Address: City-St-Zip: MELVILLE, NY 11747 City-St-Zip: Title: () Delete Title: () Change () Addition LEITNER, MARCIA Name: Name: 555 KINGS ROAD Address: Address: City-St-Zip: ALAMEDA, CA 94501 City-St-Zip: Title: () Delete Title: () Change () Addition BROGAN, BARBARA Name: Name: Address: 135 MURCOTT CIRCLE Address: ORANGE VILLAGE, OH 44022 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL GABRIEL S 01/06/2004