


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 830548</b>	
1. Entity Name ELAN VITAL, INC.	

Principal Place of Business 1535 GRANT ST. SUITE 140 DENVER, CO 80203	Mailing Address ELAN VITAL, INC P.O. BOX 2220 AGOURA HILLS, CA 91376
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03292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7174539	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRINE, ROBERT 2899 AGOURA ROAD, TMB 219 WESTLAKE VILLAGE, CA 91361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T HENDERLING, RUSS 11202 PACIFIC VIEW ROAD MALIBU, CA 90265
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRINE, ROBERT 2899 AGOURA ROAD, TMB 219 WESTLAKE VILLAGE, CA 91361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOWARSKY, STEPHEN R 6 PEMBURY COURT MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEITNER, MARCIA 555 KINGS ROAD ALAMEDA, CA 94501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROGAN, BARBARA 135 MURCOTT CIRCLE ORANGE VILLAGE, OH 44022

U00000688299  
04/10/07-80074-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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: *R. Henderling* *Russell Henderling* 3/30/07 818-889-1193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #