



STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



DUE ON OR BEFORE 01/18/2002

FY01-02

FILING FEE \$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

RECEIVED

JAN 15 2002

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

1. -0976142-5  
DESERT SUN OIL CORPORATION  
302 N 1ST AVE #440  
PHOENIX, AZ 85003

Business Phone: 928-768-6888 (Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **BUSINESS**

2. Arizona Statutory Agent: ~~PARACORP INCORPORATED~~  
Street Address: ~~302 N 1ST AVE #440~~  
~~PHOENIX, AZ 85003~~  
City, State, Zip:

Paul A. Sun  
P.O. Box 6107/10001 Harbor Ave.  
Mohave Valley, AZ 86446

Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 45 - JPR

Penalty \$ 1-60-02

Reinstate \$ \_\_\_\_\_

Expedite \$ \_\_\_\_\_

Resubmit \$ \_\_\_\_\_

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Paul A. Sun  
Signature of new Statutory Agent

3. Secondary Address: 336859  
(Foreign Corporations are **REQUIRED** to complete this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor          | <input checked="" type="checkbox"/> 28. Retail Sales         |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. Other _____                     |

NON-PROFIT CORPORATIONS

- |   |
|---|
| <input type="checkbox"/> 1. Charitable  |
| <input type="checkbox"/> 2. Benevolent  |
| <input type="checkbox"/> 3. Educational   |
| <input type="checkbox"/> 4. Civic   |
| <input type="checkbox"/> 5. Political   |
| <input type="checkbox"/> 6. Religious   |
| <input type="checkbox"/> 7. Social  |
| <input type="checkbox"/> 8. Literary  |
| <input type="checkbox"/> 9. Cultural  |
| <input type="checkbox"/> 10. Athletic   |
| <input type="checkbox"/> 11. Science/Research   |
| <input type="checkbox"/> 12. Hospital/Health Care                                     |
| <input type="checkbox"/> 13. Agricultural   |
| <input type="checkbox"/> 14. Animal Husbandry   |
| <input type="checkbox"/> 15. Homeowner's Association                                  |
| <input type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Other _____  |

**5. CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

1,000

Common Stock

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

**6. SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

Name: Paul A. Sun

Name: Limche K. Sun

NONE ☐

Name: Limly Sun

Name: \_\_\_\_\_

**7. OFFICERS** Please Type or Print Clearly.

Name: Paul A. Sun

Name: Limly Sun

Title: President & Treasurer

Title: Vice President & Secretary

Address: 5784 Sandtrap Way  
Fort Mohave, AZ 86426

Address: 7780 Margerum Ave. #134  
San Diego, CA 92120

Date taking office: Jan. 18, 2001

Date taking office: Jan. 18, 2001

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**8. DIRECTORS** Please Type or Print Clearly.

Name: Limche K. Sun

Name: \_\_\_\_\_

Address: 1949 Edenvue Lane  
West Covina, CA 91792

Address: \_\_\_\_\_

Date taking office: Jan. 18, 2001

Date taking office: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

✓  
10-16-02  
RECEIVED

JAN 15 2001

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

STATEMENT OF CHANGE

OF

KNOWN PLACE OF BUSINESS OR STATUTORY AGENT

1. The name of the Corporation is Desert Sun Oil Corporation
2. The known place of business currently on file with the Arizona Corporation Commission is

10001 Harbor Ave.

Mohave Valley, AZ 86440

3. The name and address of the current statutory agent on file is

Paracorp Incorporated

302 N. 1<sup>st</sup> Ave. #440

Phoenix, AZ 85003

- ☐ The known place of business is to be changed. The street address of the new known place of business is

\_\_\_\_\_  
\_\_\_\_\_

- ☒ The statutory agent is to be changed. The name and address of the new statutory agent is

Paul A. Sun

P.O. Box 6107

Mohave Valley, AZ 86446



The address of the statutory agent is to be changed. The new address of the statutory agent is

\_\_\_\_\_  
\_\_\_\_\_

and the statutory agent has given the Corporation written notice of this change.

DATED this 10<sup>th</sup> day of January, 2002.

Desert Sun Oil Corporation  
[Name of Corporation]

By Limly Sun  
Limly Sun Vice-President/Secy  
[Name] [Title]

Paul A. Sun  
[Statutory Agent]\*

\*(Statutory Agent must sign only if changing address.)

**Acceptance of Appointment  
By Statutory Agent\***

The undersigned hereby acknowledges and accepts the appointment as statutory agent of the above-named corporation effective this 10<sup>th</sup> day of January, 2002

Signed Paul A. Sun

Paul A. Sun  
[Print Name]

\*(required only if a new statutory agent is being appointed)

**PLEASE NOTE: IF THIS STATEMENT INCLUDES AN AGENT'S STATEMENT OF RESIGNATION, THEN YOU MUST ENCLOSE A FILING FEE OF \$10.00 (U.S.) MADE PAYABLE TO THE ARIZONA CORPORATION COMMISSION.**

✓ **9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)**

Nonprofit corporations must attach a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

**9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only:**

This corporation **does** ☐ **does not** ☐ have members.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:  
[Underlined portion pertains to profit corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate? NO
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

- (a) fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) the consumer fraud laws of that jurisdiction, or
- (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:

**YES** ☐

**NO** ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- |   |   |
|---|---|
| 1. Full name and prior names used.                          | 5. Date and location of birth.  |
| 2. Full birth name.   | 6. Social Security Number   |
| 3. Present home address.                                    | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

**11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box must be marked:

**YES** ☐

**NO** ☒

Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above.

- 1) The names and addresses of each corporation and the person or persons involved.
- 2) The state in which each corporation was incorporated b) transacted business.
- 3) The dates of corporate operation.

**12. SIGNATURES**

**CAUTION:** Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Paul A. Sun Date 1-10-02 Name Lindy Sun Date 1-10-02

Signature Paul A. Sun Signature Lindy Sun

Title President & Treasurer Title Vice President & Secretary

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)