



WEB FORM COPY

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

AZ Corp. Commission



00714489

DUE ON OR BEFORE 06/05/2002

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. 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.

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MAY 29 2003

DEC 11 2002

1. -0990767-7 BELLA CASA, INC. % JAMES R SPEAR 49 BELL ROCK PLZ SEDONA, AZ 86351

25 PONY SOLDIER CIR. SEDONA AZ 86336

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

* DELINQUENT ANNUAL REPORT 10/09/2002; CONTACT THE COMMISSION AT 602-542-3285!

Business Phone: 928-282-9650

State of Domicile: ARIZONA Type of Corporation: BUSINESS

2. Statutory Agent: JAMES R SPEAR Mailing Address: 49 BELL ROCK PLZ City, State, Zip: SEDONA, AZ 86351

Physical Address, if Different:

Physical Address:

City, State, Zip:

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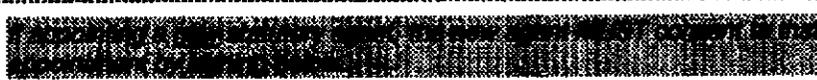
ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

NO# 6-3-03 NO# 3-24-03

ACC USE ONLY Fee \$45 Penalty \$63 Reinstats \$ Expedite \$ Resubmit \$

IPR 12-13-02

Use this box only if appointing a new Statutory Agent



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.

Signature of new Statutory Agent

3. Secondary Address: 511788 560895 603622

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

BUSINESS CORPORATIONS

NON-PROFIT CORPORATIONS

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

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

5. CAPITALIZATION:

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued. PLEASE PRINT OR TYPE CLEARLY.

0990767-7

Number of Shares/Certificates Authorized Class Series Within Class (if any)

Two shares

Number of Shares/Certificates Issued Class Series Within Class (if any)

Two shares

6. SHAREHOLDERS:

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 PRINT OR TYPE CLEARLY.

Name: Susanne Roeder (1 share) Name: _____

NONE

Name: Leon Heijnen (1 share) Name: _____

7. OFFICERS PLEASE PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: SUSANNE ROEDER

Name: LEON HEIJNEN

Title: V. PRES.

Title: PRESIDENT

Address: 25 PONY SOLDIER CIR
SEDONA AZ 86336

Address: 25 PONY SOLDIER CIR.
SEDONA AZ, 86336

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS PLEASE PRINT OR TYPE CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: SUSANNE ROEDER

Name: _____

Address: 25 PONY SOLDIER CIR.
SEDONA AZ 86336

Address: _____

Date taking office: JUNE 2002

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations must attach a financial statement (e.g. income/expence statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

This corporation **DOES** **DOES NOT** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.6 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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 business 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?
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?

YES **NO**

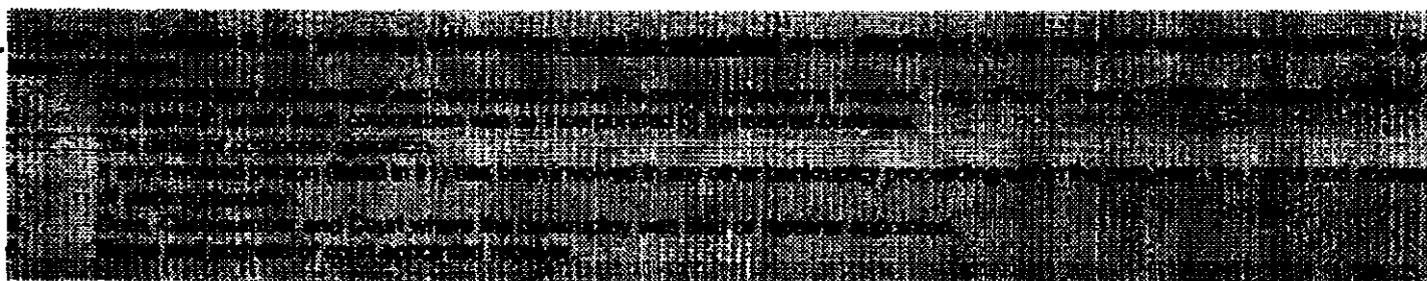
If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in items 1. through 3. above.

- | | |
|---|---|
| 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, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1823 & 10-11623)

- A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be checked **YES** **NO**
- B) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or 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 business corporations only]

YES **NO**



12. SIGNATURES:

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 SUSANNE ROEDER Date 12.9.02 Name LEON HEINEN Date 12.9.02
 Signature [Signature] Signature [Signature]
 Title V.P. Title PRES.

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