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3.

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





DUE ON OR BEFORE

09/01/2004

FY04-05

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 on page 4 for proper format.

1. -0850761-8 THE CLASSICAL HOMEOPATH, INC. 5841 E LEISURE IN CAVE CREEK, AZ 85331

Business Phone:

RECEIVED

AUG 2 4 2004

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Atutory Agent: PAUL iling Address: 5841 y, State, Zip: CAVE	E LEISURE LN	Physical Address, If Different. Physical Address: City, State, Zip:
ACC USE ONLY	Use this box or	nly if appointing a new Statutory Agent
see \$ 45 \$74770	If appointing a <u>new</u> star appointment by signing	tutory agent, the new agent MUST consent to that
Samuelle, etc. 1		
Penalty \$		on or limited liability company) having been designated the new Statutory Ag intment until my removal or resignation pursuant to law.
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(Business phone is optional.)

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

BUSINESS CORPORATIONS

NON-PROFIT CORPORATIONS

DODINESS CON	I OTATIONS	NON NOTH COM OTATION	
1. Accounting	20. Manufacturing	1 Charitable	
2. Advertising	21. Mining	Benevolent	
3. Aerospace	22. News Media	3 Educational	
4. Agriculture	23. Pharmaceutical	4 Civic	
5. Architecture	24. Publishing/Printing	5 Political	
6. Banking/Finance	25. Ranching/Livestock	6 Religious	
7. Barbers/Cosmetology	26. Real Estate	7 Social	
8. Construction	27. Restaurant/Bar	8 Literary	
9. Contractor	28. Retail Sales	9 Cultural	
10. Credit/Collection	29. Science/Research	10 Athletic	
11. Education	30. Sports/Sporting Events	 Science/Research 	
12. Eпgineering	31. Technology(Computers)	 Hospital/Health Care 	
13. Entertainment	32. Technology(General)	13 Agricultural	
14. General Consulting	33. Television/Radio	14 Animal Husbandry	
√15. Health Care	34. Tourism/Convention Services	 15 Homeowner's Association, 	
16. Hotel/Motel	35. Transportation	 Professional, commercial 	
17. mport/Export	36. Utilities	industrial or trade association	
18. insurance	37. Veterinary Medicine/Animal Care	17 Other	
19. Legal Services	38. Other		

Address: _

Date taking office:

5. CAPITALIZATION: (Business Corporations and Business	s Trusts are REQUIRED to complete this section.)
the trust estate. Please examine the corporation's original	ertificates held by trustees evidencing their beneficial interest in Articles of Incorporation for the amount of shares authorized ginal number of shares has changed. Examine the corporation's rint or Type Clearly.
Number of Shares/Certificates Authorized Cl	lass Series Within Class (if any)
100#	Connon Stock
Number of Shares/Certificates Issued Cl	lass Series Within Class (if any)
<u>So</u> +	9 Common
6. SHAREHOLDERS: (Business Corporations and Busine	ss Trusts are REQUIRED to complete this section.)
beneficial interest in the corporation. Please Type or	shares issued by the corporation, or having more than a 20%
	Name: Paul Grill
NONE U () Name:	Name:
7. OFFICERS Please Type or Print Clearly Name: Yolande Grill Title: President Address: 5841 E. Leisure Ln. Care Creek, A2 35331 Date taking office: Sept 1, 1998 Name: Title: Address:	Name: Paul Grill Title: Corporate Secretary Address: 5841 E. leisure In. Cave Creek, AZ 85331 Date taking office: Sept 1, 1998 Name: Title: Address:
Date taking office:	Date taking office:
8. DIRECTORS Please Type or Print Clearly	v. You Must List at Least One.
Name: Yolande Grill	Name: Paul Grill
Address: S841 E. Leiseneln. Care Creek, A.Z 35331	Address: 5841 E. Leisure Ln. Care Creek, AZ 75331
Date taking office: Sept 1998	Date taking office: Sept 1 1998
Name:	Name:

Address: _

Date taking office:

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9) Norprofit comportations must after a financial stationer (e.g. income expense statement, balance sheet including assets, liabilities). All other forms of corporations are evempt from liting a financial stationers (e.g. income expense statement, balance sheet including assets, liabilities). All other forms of corporations are evempt from liting a financial disclosure. 9.A. MEMBERS (A.R.S. § 10-11622.A.6) Colly Nonprofit Corporations must arriver this question. 10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7) Has ANY person senting either by election or appointment as an officer infector, inadde, incorporator and/or earson controlling or noding more from the controlling of the design of the controlling of the contr	
Only Nonprofit Corporations must answer this question. This corporation DOES DOES NOT nave members. 10. CERTIFICATE OF DISCLOSURE (A.R.S., 8§10-1822.A.8 & 10-11822.A.7) Has ANY presens energy either by election or sprointeners as an critic of rideroit, rustees incorporation sorting them to business common shares or 10% of any other prognetary, beneficial or membershic interest in the corporation been: [Underlined portion pertains to business corporations only] 1. Convoicted 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 execution of this certificate? 2. Convoicted of a felony involving a transaction of which consisted of fraud, misrepresentation, theft by false protenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate? 3. Cr are subject to an injunction, judgment, decree or permanent order of any state or federal jurisdiction of injunction, judgment, decree or permanent order of any state or restraint of trade save of that jurisdiction, or (b) the entitirust or restraint of trade saves of that jurisdiction, or (c) the entitrust or restraint of trade saves of that jurisdiction, or (c) the entitrust or restraint of trade saves of that jurisdiction, or (c) the entitrust or restraint of trade saves of that jurisdiction? 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. 5. Date and location of both. Full period and period period. 6. Social Security Number Full period manager used. 9. Present home address. 10. 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.D.2, 10-3202.D.2, 10-3202.D.2, 10-3202.D.2, 10-3202.D.2, 10-3202.D.2, 10-3202.D.2, 10-3202.D.2, 10-320	Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other
Has ANY person serving either by election of appointment as an officer, director, trustee incorporator and/or person controlling or holding more than 10% of the issues and outstanding common shares or 10% of large and the 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 severe year period immediately preceding the execution of this certificate? 2. Convicted of a felony, the essential elements of which consisted of fraud, milerepresentation, 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 refer and present the securities are subject to one of the securities and present in the securities are subject to one of the securities and present in the securities are subject to one of the securities and present in the securities are subject to one of the actions stated in Items 1. through 3. above. 1. Full name and prior names used. 2. Full birth pane. 3. Direction of the actions stated in Items 1. through 3. above. 1. Full name and prior names used. 4. Prior addresses. 5. Data and location of birth. 5. Social Security Number 6. Social Security Number 7. The securities and addresses. 8. Prior addresses (for immediate preceding 7 year period). 11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §\$10-202.D.2, 10-1023 A 10-11623) A) Has the corporation filed a petition for bankruptcy or appointed a receiver? 12. Prior addresses from the securities are not incorporator of the corporation prometers and public agency involved, and the file or cause number of the case. 13. The date of the prior of the case of the corporation of the proprior of the case. 14. Prior addresses from the prior of the case of the corporation of the c	
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 where such 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 or (a) trade or registration provisions of the securities laws of that jurisdiction, or (b) the consumer fraud laws of that jurisdiction, or (c) the entirust or restraint of trade laws of that jurisdiction? (c) the entirust or restraint of trade laws of that jurisdiction? (d) the consumer fraud laws of that jurisdiction, or (e) the entirust or restraint of trade laws of that jurisdiction? (e) the entirust or restraint of trade laws of that jurisdiction? (f) TYES", 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. 5. Social Security Number 6. Social Security Number 7. The nature and description of each conviction or judicial action; the date and location of birth. 8. Social Security Number 11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. \$\$10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623) A) Has the corporation filed a petition for bankruptcy or appointed a receiver? (in the date and location, the court appointed a receiver? (in the date and location, the court of the case. 11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. \$\$10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623) A) Has the corporation filed a petition for bankruptcy, or appointed a receiver? (in the date and location, the co	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
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. 2. Full birth name. 3. Present home address. 3. Present home address. 4. Prior addresses (for immediate the date and location; the court and public agency involved, and the file or cause number of the case. 11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §\$10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623) A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES NO DY B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction? [Underlined portion pertains to business corporations only] If "YES" to A and/or B, 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. (e.g. officer, director, trustee or major stockholder) 2. The state in which each corporation was a) incorporated b) transacted business. 3. The dates of corporation pertains the properties of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder) 4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation was a) incorporated by transacted business. 3. The dates of corporation pertains the singled and dated by at least one duly authorized officer or they will be rejected. 1. Belline and addressed to c	year period immediately preceding the execution of this certificate? 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? 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
of the actions stated in Items 1. through 3. above. 1. Full name and prior names used. 2. Full birth name. 3. Present home address. 4. Prior addresses (for immediate preceding 7 year period). 1. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623) A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES NO SY B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation? [Underlined portion pertains to business corporation sorly] If "YES" to A and/or B, 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. (e.g. officer, director, trustee or major stockholder) 2. The state in which each corporation was a) incorporated b) transacted business. 3. The dates of corporate operation. 4. If any involved person (listed in #1) has been involved in any other parkruptcy proceeding within the past year, the name and address of each corporation was a) incorporated b) transacted business. 5. Date, Case number and Court where the bankruptcy was filed or receiver appointed. 6. Name and address of court appointed receiver. 12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected. 13. Date, Case number and Court where the bankruptcy was filed or receiver appointed. 14. Signature 15. Date Case number and Court where the bankruptcy was filed or receiver appointed. 16. Name and address of court appointed receiver. 17. Date Signature 17. The apportance of the subject of the subject of the visual part of the visual part of the visual part of the visual part of the visual pa	
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statement above. 1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder) 2. The state in which each corporation was a) incorporated b) transacted business. 3. The dates of corporate operation. 4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation. 5. Date, Case number and Court where the bankruptcy was filed or receiver appointed. 6. Name and address of court appointed receiver. 12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they 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 An Ar Grill Date 8/17/2004 Signature Signature Title	over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or
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4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation. 5. Date, Case number and Court where the bankruptcy was filed or receiver appointed. 6. Name and address of court appointed receiver. 12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they 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 Signature Signature Title Corporate Secretory Title Corporate Secretory	over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction? [Underlined portion pertains to business corporations only] One box must be marked: YES ONO ON ONE OF The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
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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 Signature Signature Signature Title Corporate Secretary	over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction? [Underlined portion pertains to business corporations only] One box must be marked: YES ONO STATE NO STA
Name / O an de Grill Date 8/17/2004 Signature Signature Title President Title Coparate Secretary	over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction? [Underlined portion pertains to business corporations only] One box must be marked: YES ONO NO
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