

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



DUE ON OR BEFORE 10/12/2005

FY05-06

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. Statutes, Title 10. 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. -0050550-6 SOMERTON ROTARY CLUB BOX 584 SOMERTON, AZ 85350

__ 19. Legal Services

_ 38. Other _

RECEIVED

OCT - 5 2005

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Business Phone	:(Busine	ess phone is optional.)
State of Domicile	: ARIZONA Type of	Corporation: NON-PROFIT
Statutory Agent: G	LORIA VANDERZYL	Physical Address, If Different.
Mailing Address: 1	217-S 19 AVE	Physical Address:
City, State, Zip: Y		City, State, Zip:
Fee \$ 0 0	If appointing a <u>new</u> s appointment by signi	
Reinstate \$	I, (individual) or We, (corpora do hereby consent to this app	ation or limited liability company) having been designated the new Statutory Ag pointment until my removal or resignation pursuant to law.
Expedite \$	Signatur	re of <i>new</i> Statutory Agent
	Printed	Name of new Statutory Agent
(Foreign Corporation REQUIRED to contain this section).		
BUSINESS CO	PPORATIONS 20. Manufacturing 21. Mining 22. News Media 23. Pharmaceutical 24. Publishing/Printing	the CHARACTER OF BUSINESS of your corporation. NON-PROFIT CORPORATIONS 1.
11. Eudeaton 12. Engineering 13. Entertainment 14. General Consulting 15. Health Care 16. Hotel/Motel 17. Import/Export 18. Insurance	31 Technology/Computers)	12. Hospital/Health Care 13. Agricultural 14. Animal Husbandry 15. Homeowner's Association 16. Professional, commercial industrial or trade association

Date taking office:

5. CAPITALIZATION: (Business Corporations and Business Corporations an	ness Trusts are <u>F</u>	REQUIRED to complete this section.)
Business trusts must indicate the number of transferab the trust estate. Please Print or Type Clea		eld by trustees evidencing their beneficial interest in
5a. Please examine the corporation's original Article	es of Incorpora	tion for the amount of shares authorized.
Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
5b. Review all corporation amendments to determ corporation's minutes for the number of shares		nal number of shares has changed. Examine the
Number of Shares/Certificates Issued	Class	Series Within Class (if any)
6. SHAREHOLDERS: (Business Corporations and Bus	siness Trusts are	REQUIRED to complete this section.)
List shareholders holding more than 20% of any class beneficial interest in the corporation. Flores Types	or Prime C	learly.
Name:	Nam	e:
Name:	Nan	ne:
7. OFFICERS . Please Type or Print Clear	dy. You Mu	st List at Least One.
Name: REDEE VUKSAN	Name	Eloria Wanderzyl
Title: President	Title:	Treasurer
Address: 690 N. Bingham Av.	Addre	12 m = 10 HD1
Writ E Someston AZ 853	SO Addis	VIIMA AT 85264
Date taking office: 7/01/2004	Doto:	taking office: $\frac{7/21/2004}{}$
7) 1 7 7		The state of the s
	Name	
Title: Vice-President		Secretary
Address: 452 F. Co. 14 5 5 +		ss: 15340 S. Ave 13
Yuma AZ 85365	<u> </u>	Somerton AZ 85350-7006
Date taking office: 7/0//2004	Date t	raking office: 7/04/2004
8. DIRECTORS Please Type or Print Clear	rly. You Mu	st List at Least One.
Name: James 1 hur Por	Name	:
Address: 200 N. Bingham Ave	Addre	ss:
Somerton AZ 85350		
Date taking office: $\frac{10/12005}{}$	Date t	aking office:
Name:	Name	:
Address:	Addre	SS:

Date taking office:

SOMERTON ROT	ARY CLUB or RI		860-64-1031	Disb Member:	9009289135
PO BOX 584 SOMERTON AZ			564-36-6930 860-64-1031	Disb ID: Secondary: Home Phone:(9 Work Phone:(0	28)000-0000
Closed: Balance: Cur Secured: Misc Holds: Chk Holds: Pyrl Holds: Auth Holds: Cert Drfts: Unpd Fees:	09/05/1997 // 372.76 0.00	Warnings: Batch Warning: ARU Restrictio IRA/ESA Plan: Annual Contr: Sp Acct: Passbook Flag: User Fields: Last Active: Last F.M.: Last Stmt: Corr Date:	0.00 0.00 0 0700000000 09/09/2005 01/03/2005 08/31/2005	Work Phone Ex Birthdate: Account Code: NSF's CTD: NSF's Total: Withdrawals P Withdrawals Y Check Digits: Branch: Insurability Stmt Cycle Co Mail Code:	t: 01/01/1900 1 0 er: 3 TD: 52 01 04 Status: 4 de: 1
Avail Bal:		Corr Date: APY: Div Months: Div Rate: Div Min Bal:		Status Code: Div Next: Div Next: Div YTD:	08/01/2005

SOMERTON ROT	'ARY CLUB on Ri	[CHAR Mbr SSN:{	360-64-1031	Prev Acct #: 0000011705 Disb Member:
PO BOX 584 SOMERTON AZ		Joint SSN:8 Rpt SSN:8		
Misc Holds: Chk Holds: Pyrl Holds: Auth Holds: Cert Drfts:	0.00 0.00 0.00 0.00 0.00	Sp Acct: Passbook Flag: User Fields: Last Active: Last F.M.: Last Stm!	0 00000000000 04/01/2005 01/03/2005 08/31/2005	Work Phone:(920)000-0000 Work Phone:(000)000-0000 Work Phone Ext: Birthdate: 01/01/1900 Account Code: 0 NSF's CTD: 0 NSF's Total: 0 Withdrawals Per: 0 Withdrawals YTO: 1 Check Digits: 00 Branch: 04 Insurability Status: 4 Stmt Cycle Code: 1 Mail Code: 0
Min Shrs: Avail Bal:	1.468.36	APY: Div Months: Div Rate: Div Min Bal:	01 % 0.00	Card Access Code: 00 Status Code: 0 Div Next: 10/01/2005 Div Next: 1.66 Div YiD: 10.30

Nouprofit cirporations must attach a financial statement (e.g. income/expense statement, palance sheet including assets, labilities). All of orms of corporations are evened from filling a financial disclosure. PA. MEMBERS (A.R.S. § 10-11622.A.5) Only Nonprofit Corporations must answer this question. This corporation DOES DOES NOT have members to the property of	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, incomporator and/or person controlling or holding my than 10% of the issued and outstanding anoman aheres or 10% of any other proprietary, beneficial or membership interest in the corporations only] 1. Convicted of a felony involving a transaction in securities, consumer fraud or antifrust in any state or federal jurisdiction within the service person immediately preceding the execution of this certificate? 2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false prefenses or restraint of trace or monopoly in any state or rederal jurisdiction within the serve year period immediately preceding execution of this certificate? 3. Or are subject to an injurication, judgment, decree or permanent order of any state or federal count entered within the source year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation (e) fraud or registration provisions or the securities laws of that jurisdiction, or (e) the arthruse or restraint of trade laws of that jurisdiction? 1. Full name and prior names used. 2. Full horth name. 3. Present home address. 4. Prior addresses for immediate preceding year period. 5. Social Security Number 5. Social Security Number 6. Social Security Number 7. The nature and description of each conviction or judicial action; the date and location; the count and public agency involved, and the file or cause murber of the case. 11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. \$\$10-202.D.2, 10-3202.D.2, 11-3202.D.2, 11-	Please	Enter Corporation Name: Somer to	4 Rota	aty	C/Vb File num	per <u>00505</u>	504 Page 3
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Convicted of a fetony the sessential elements of which consisted of fraud, misropresentation, theft by faise pretenses or restraint of the execution of all proceeding of the actions stated in terms 1. through 3. above. 1"YES", the following information must be submitted as an attachment to this report for each person subject to one or modern through the many person serving as an office. It is subject to the stated and outsets of the submitted as an attachment to this report for each person subject to one or modern and processing elements. The submitted as an attachment to this report for each person subject to one or modern and processing elements of that jurisdiction. 1"YES", the following information must be submitted as an attachment to this report for each person subject to one or modern and processing elements of that jurisdiction? 1. Full name and prior names used. 2. Full birth name. 3. Present home address. 3. Present home address. 4. Prior actions stated in terms 1. through 3. above. 1. Full name and prior names used. 3. Present home address. 4. Prior actions of the	This corporation DOES DOES NOT have members 10. CERTIFICATE OF DISCLOSUBE (A.R.S. \$\$10-1622.A.8 & 10-11622.A.7) In a sea Not preson serving either by election or appointment as an efficient director, inside, incorporator and/or person controlling or troiding members. We have been used and outstanding common shares or 10% of the discretization, inside, incorporator and/or person controlling or troiding members. Underlined portion pertains to business corporations only) Convicted of a teriony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seve year period immediately preceding the execution of this certificate? Convicted of a fellow, the essential elements of which consisted of fraud, misrepresentation, theft by false preferese or refraint of the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order or any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order or any state or federal count or involved the violation (a) have done registration provisions of the securities laws of that jurisdiction? If "YES", the following information must be submitted as an attackment to this report for each person subject to one or modificate and the provision of the securities laws of that jurisdiction? If "YES", the following information must be submitted as an attackment to this report for each person subject to one or modificate and the provision of the component of the case. If Juliane and pror names used, Social Security Number The relature and description of each conviction or judicial action; the date and location of each conviction or judicial action; the date and location of each conviction or judicial action; the date and location for each person subject to one or modificate that the provision of the component of the component of each conviction or judicial	9A. ME	EMBERS (A.R.S. § 10-11622.A.6)					
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Annual Reports of Signature 3) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlly over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other proporation 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 NO	B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controllower 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other bankruptcy. The name and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder) The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder) The state in which each corporation was a) incorporated b) transacted business. The dates of corporate operation. 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. Date, Case number and Court where the bankruptcy was filed or receiver appointed. 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. declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arlzona Revised Statutes have been filled 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 tr	1623 &	10-11623)				·	
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 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. 13. declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been declare, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete. 14. Para file of 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. 15. Signature Level Annual Reports must be signed and statutes have been declared 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. 16. Signature Level Annual Reports must be signed and statutes have been declared by the Arizona Revised Statutes have been declared by	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 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 count appointed receiver. 12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected. Ideclare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been incomed that the 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 **ELEE Lynn Vull San Date 1 [yellos] Name **Example Wull Franklich Date 1 [yellos] Name **Signature Yull Franklich Date 1 [yellos] Signature **Yellos Signature Yellos Signature **Yellos Signatur	B) Has a over 209 corporat	any person serving as an officer, director, trustee or % of the issued and outstanding common shares, ion which has been placed in bankruptcy, receivershi	incorporator of ar	of the c	orporation served in any such r proprietary, beneficial or m	 n capacity OR <u>h</u> embership inter	eld or controllerest in any oth
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signature UNIN CONSTRUCTION Signature Security of Jaw 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 TELIEF Lynn Vul San Date 1 14 05 Name Security W. Frunt I'm Date 9/4/2005 Signature UNIN Franklin Signature Security W. Franklin	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 FELEE Lynn Vul San Date 9 1405 Name Secret W. Franklis Date 9/14/2005 Signature Yull Byrn Vul San Signature Secret Title Secretary							
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