

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

**DUE ON OR BEFORE 09/11/2005** 

FY05-06

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. -0782175-2 CUSTOM POOLS BY MIRAGE, INC. 1303 E WAGONEER PHOENIX, AZ 85022 RECEIVED

NOV 0 7 2005

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

State of Domicile:	AKIZUNA Type of Corp	poration: BUSINESS
atutory Agent: CH	RISTOPHER G SCHAUWECKER	Physical Address, If Different.
iling Address: 13	03 E WAGONEER	Physical Address:
y, State, Zip: PH	OENIX, AZ 85022	City, State, Zip:
104 11/9/05		
	Use this box only	y if appointing a new Statutory Agen
ACC USE ONLY		
Fee \$ 7D		ory agent, the new agent MUST consent to that
Domails A	appointment by signing be	elow.
Penalty \$	I, (individual) or We, (corporation or	limited liability company) having been designated the new Statutory
Reinstate \$	do hereby consent to this appointme	ent until my removal or resignation pursuant to law.
		<u> </u>
Expedite \$	Signature of <i>ne</i>	ew Statutory Agent
	Printed Name o	of new Statutory Agent
Resubmit \$		of new Statutory Agent
Expedite \$  Resubmit \$  Pecondary Address:		of new Statutory Agent
Resubmit \$		of new Statutory Agent

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

BUSINESS CORPORATIONS

NON-PROFIT CORPORATIONS

		11011110111101111
1. Accounting	20. Manufacturing	1 Charitable
2. Advertising	21. Mining	2 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	11. Science/Research
12. Engineering	31. Technology(Computers)	<ol> <li>Hospital/Health Care</li> </ol>
13. Entertainment	32. Technology(General)	13 Agricultural
14. General Consulting	33. Television/Radio	14 Animal Husbandry
15. Health Care	34. Tourlsm/Convention Services	<ol> <li>Homeowner's Association</li> </ol>
16. Hotel/Motel	35. Transportation	<ol> <li>Professional, commercial</li> </ol>
17. Import/Export	36. Utilities	industrial or trade association
18. Insurance	37. Veterinary Medicine/Animal Care	17 Other
19. Legal Services	38. Other	<del>-</del>

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RECEIVED NOV 0 7 2005

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ARIZONA CORP. COMMISSION

AUG - 4 2005

ARIZONA CORP. COMMISSION CORPORATIONS CAMSION Business Phone: (Business phone is optional.) Type of Corporation: BUSINESE State of Domiche: ARIXONA Statutory Agent: CHRISTOPHER G SCHARMECKER

- Mailing Address: 1303 W WAGOMMEN City, State, Nip: PROMNEY, AS 85022 Physical Address, If Different.

Physical Address: City, State, Eip:

ACCUSE ONLY IPP	Cos cars now oney	if appointing a new Statut	DEF ASSESSED
45 894	If appointing a <u>new</u> statutory appointment by signing belo	y agent, the new agent MUST consent : ww.	to that
nr Carann	L (Individual) or We, (corporation or find) the appointment	nited liability company) having been designated the Lunii my removel or resignation pursuent to law.	new Statutory Age
emelika i i i i i i i i i i i i i i i i i i		i. :	
		Statutory Agent	
Resubmit'S "		•	·
1050511	Printed Name of	new Statutory Agent	

(Foreign Corporations are REQUIRED to complete this section).

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<ul> <li>Check the one dategory below which best descrit</li> </ul>	pes the CHARACTER OF BUSINESS of your corporation.
" BI CINECE COMPONDATIONS	MALEBOOK TOO BUILD

	~~~	MINORI DOGLASSING NO 1
SS CORPY	DRATIO	ins
	20.	Line of arbeing
•	<u></u> 21.	Mining
	22.	Nave Media
		Pharmacoutical
		Publishing/Printing
DB -		Flanching/Livestock
	26.	Floor Extain
	27.	Restaurènt/Ser
• :	28.	Pullal Sales
lon- :	<b>29</b> .	Science/Research
	30.	Sports/Sporting Events
i.	31.	Technology(Computers)
ŧ	32.	Technologic Generally
uilling '	39.	Television/Ractio
7		Tourism/Convention Services
		Transportation
		Littles
. •		Votertnery Medicine/Animal Care
		Other
	SS COHEN DE Storagy Jon	SS COPPOPATION 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,

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	NO	N-PROFIT CO	BEORATIO	NÜ
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	2.	Beravolent		
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		Athinic		٠.,
		Science/Rei		• •
		- Hospital/He		
		Agricultural		
	14.	Animal Hay	andy	
	12.	Homeowner	2 Vescolation	

industrial or tendo association

Date taking office:

5. CAPITALIZATION: (Business Corporations and Business	s Trusts are REQUIRED to complete this section.)
Business trusts must indicate the number of transferable of the trust estate. Please Print or Type Clear	certificates held by trustees evidencing their beneficial interest in
5a. Please examine the corporation's original Articles	of Incorporation for the amount of shares authorized.
	lass Series Within Class (if any)
<u> </u>	Common-10.
5b. Review all corporation amendments to determine corporation's minutes for the number of shares is:	e if the original number of shares has changed. Examine the sued.
Number of Shares/Certificates Issued C	lass Series Within Class (if any)
6. SHAREHOLDERS: (Business Corporations and Busine	ess Trusts are <b>REQUIRED</b> 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	des Name: angela Schnawecles
NONE D	Traine. Williams 177700000
Name:	Name:
7. OFFICERS Please Type or Print Clearly	. You Must List at Least One.
Name: <u>Stristopher Schauwecker</u>	Name:
Title: Kresidest	Title:
Address: 1303 & Wagneer	_ Address:
Date taking office: 7-11-96	Date taking office:
Name: Mysly Schauweckes	Name:
Title: Secty/News	Title:
Address: 130B & Wasnees	Address:
Why A 85022	
Date taking office: 7-11-96	Date taking office:
8. <u>DIRECTORS</u> Please Type or Print Clearly	y, You Must List at Least One.
Name: Christopher Schauweck	<i>♀</i> Name:
Address: 1303 E. Wagneer Phy Az 85022	Address:
Date taking office: 7-11-96	Date taking office:
Name:	Name:
Address:	Address:

Date taking office:

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)  Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). A forms of corporations are exempt from filling a financial disclosure.  9A. MEMBERS (A.R.S. § 10-11622.A.6)  Only Nonprofit Corporations must answer this question.  This corporation DOES DOES NOT have membership in the properties of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation in 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 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 or 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 jurisdiction within the seven year immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order of any state or federal count entered within the seven year immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation (a) fraud or registration provisions of the securities laws of that jurisdiction, or (b) the consumer fraud laws of that jurisdiction?  If "YES", the following information must be submitted as an attachment to this report for each person subject to one or of the actions stated in Items 1. through 3. above.  5. Date and location of birth. 5. Cotal Security Number 7. The nature and description of each conviction prijudicial action; the date and location; the court and public agency involved, and the date and location; the court and public agency involve	bers.  ng more poration  e seven of trade r period ation of:
Only Nonprofit Corporations must answer this question.  This corporation DOES DOES NOT have members the corporations must answer this question.  This corporation DOES DOES NOT have members to 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]  Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the 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 or 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 immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation (a) fraud or registration provisions of the securities laws of that jurisdiction, or (b) the consumer fraud laws of that jurisdiction?  If "YES", the following information must be submitted as an attachment to this report for each person subject to one or of the actions stated in Items 1. through 3. above.  If "YES", the following information must be submitted as an attachment to this report for each person subject to one or of the actions stated in Items 1. through 3. above.  If "YES", the following information must be submitted as an attachment to this report for each person subject to one or of the actions stated in Items 1. through 3. above.  If "YES", the following information must be submitted as an attachment to this report for each person subject to one or of the actions stated in Items 1. through 3. above.  If "Present home address.  The nature and description of each conviction prijudicial action; th	ng more poration e seven of trade r period ation of: or more
Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation.  Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the 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 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 immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation (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?  If "YES", the following information must be submitted as an attachment to this report for each person subject to one or of the actions stated in Items 1. through 3. above.  If "YES", the following information fraust be submitted as an attachment to this report for each person subject to one or of the actions stated in Items 1. through 3. above.  If "I full name and prior names used.  Full birth name.  Social Security Number  The nature and description of each conviction prijudicial action; the date and location; the court and public agency involved, and the file or cause number of the case.  It statement of Bankruptcy, Receivership or Charter Revocation (A.R.S. §\$10-202.D.2, 10-3202.D.2).	e seven of trade r period ation of: or more
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 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 immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violating 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:  One box must be marked:  YES NOTE  NOTE  NOTE  If "YES", the following information must be submitted as an attachment to this report for each person subject to one or 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 by judicial action; 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)	of trade? r period ation of: or more
If "YES", the following information must be submitted as an attachment to this report for each person subject to one 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).  5. Date and location of birth. 6. Social Security Number 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.  11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.1623 & 10-11623)	n; d
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<ol> <li>Full birth name.</li> <li>Present home address.</li> <li>Prior addresses (for immediate preceding 7 year period).</li> <li>STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2)</li> <li>STATEMENT OF BANKRUPTCY RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2)</li> </ol>	d
1623 & 10-11623)	.2, 10-
A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES \(\Pi\) NO \(\bar{D}\)	
	<b>Y</b>
B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR <u>held or conover 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any <u>corporation</u> which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by an or jurisdiction?</u>	y other
[Underlined portion pertains to business corporations only] One box must be marked: YES I NOI	<b>J</b>
<ol> <li>If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to statement above.</li> <li>The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or m stockholder)</li> <li>The state in which each corporation was a) incorporated b) transacted business.</li> <li>The dates of corporate operation.</li> <li>If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name address of each corporation.</li> <li>Date, Case number and Court where the bankruptcy was filed or receiver appointed.</li> <li>Name and address of court appointed receiver.</li> </ol>	major
12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.	ted.
I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report arcertificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.	and the
Name Chustuphy & NAUWeckloate & 3005 Name Date	- *
Signature Signature Signature	,
Title	_