

2.

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

DUE ON OR BEFORE 04/14/2006

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 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. -0715984-4
SONORA ENVIRONMENTAL RESEARCH INSTITUTE, INC. PO BOX 65782
TUCSON, AZ 85728-5782

520-

City, State, Zip: TUCSON, AZ 85750

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APR 14 2006

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

Business Phone: 321-9488 (Business phone is optional.)

State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

Statutory Agent: ANN MARIE A WOLF Physical Address, If Different.

Mailing Address: 5631 N VIA SALEROSA Physical Address:

ACC USE ONLY						
Fee	\$					
Penalty	\$					
Reinstate	\$					
Expedite	\$					
Resubmit	\$					

Use t	his box only if appointing a new Statutory Agent
	tting a <u>new</u> statutory agent, the new agent MUST consent to that nent by signing below.
	or We, (corporation or limited liability company) having been designated the new Statutory Agei onsent to this appointment until my removal or resignation pursuant to law.
	Signature of new Statutory Agent
	Printed Name of new Statutory Agent

City, State, Zip:

Secondary Address:

(Foreign Corporations are **REQUIRED** to complete this section).

1. Accounting	20. Manufacturing	1. X 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)	Hospital/Health Care
13. Entertainment	32. Technology(General)	13 Agricultural
্রাপ 4. General Consulting	33. Television/Radio	14 Animal Husbandry
15. Health Care	34. Tourism/Convention Services	 15 Homeowner's Association
16: Hotel/Motel	35. Transportation	16. Professional, commercial
17: Import/Export	36. Utilities	industrial or trade association
18. Insurance	37. Veterinary Medicine/Animal Care	17 Other
19. Legal Services	38, Other	

5. <u>CAPITALIZATION:</u> (Business Corporations and Business Trusts are <u>REQUIRED</u> to complete this section.)

Business trusts must indicate the number of transfer the trust estate. Please Print or Type Cl		by trustees evidencing their benefic	cial interest in
5a. Please examine the corporation's original Art	ticles of Incorporation	n for the amount of shares authoriz	æd.
Number of Shares/Certificates Authorized	Class	Series Within Class (if any)	
5b. Review all corporation amendments to detection corporation's minutes for the number of sharest corporation and sharest cor		I number of shares has changed.	Examine the
Number of Shares/Certificates Issued	Class	Series Within Class (if any)	
6. SHAREHOLDERS: (Business Corporations and E	Business Trusts are <u>R</u> i	EQUIRED to complete this section.)]
List shareholders holding more than 20% of any clabeneficial interest in the corporation. Please Typ			than a 20%
Name:	Name:	· · · · · · · · · · · · · · · · · · ·	
NONE -	Namo		
Name:			
7. OFFICERS Please Type or Print Cle Name: Ann Maria Walf	_		
Title: President		Anna H. Spitz	
		Secretary Treasu	
Address: 563 \ N. Via Salerssa	4.	7601 N. Ventana U	
Tueson, AZ 85750		Turana, A 7 8575	
Date taking office: 4/1/47		ing office: 4/1/97	
Name: <u>Soaquin Ruiz</u>			
Title: Vice President	Title:		
Address: 1021 Via Linterna	Address:		
Tucsou, 42 85718			-
Date taking office: 41147	Date taki	ing office:	
8. DIRECTORS Please Type or Print Cle			
Name: Ann Marie Wolf	Name:	Anna H. Spitz	
Address: 563 \ N. Via 5 alecosa	Address:	7661 N. Ventana	<u>. U 13</u> ta Ct
Tueson, AZ 85750		Tucson, AZ 8575	0
Date taking office: 41 (47	Date taki	ing office: 4/1/97-	
Name: Joaquin Ruiz	Name:		<u></u>
Address: 1021 Via Linterna			-
Tucson, AZ 85718			
Date taking office: 4(,/97		ing office:	
	- and turn	··· 🌣 - · · · · · · · · · · · · · · · · · ·	

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Income Statement

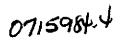
1/1/05 through 12/31/05

in the state of th	1	Category		1/1/05- 12/31/05	.:
	Inco	me/Expenses			
	In	ncome	4		
		Donations			14.18
		Grants			83.69
		Loan			28.31
		Workstudy		3,89	97.00
	T	otal Income	· -	90,8	23.18
•	Е	xpenses			
٠- 	· · · · · · · · · · · · · · · · · · ·	Bank Charges			0.00
·*	and the second s	Benefits:		_	
		Dental			.00
		Health	•		.00
		Benefits - Other	er ——	750. 	.00
		Total Benefits			50.00
	+	Conference		12	20.00
		Consultant:			
		Wolf	_	3,000.	00
	•	Total Consultant		3,00	00.00
		Copying-Faxxing			39.20
	A STATE OF	Equipment:			
	e di Garage de la companya	Depreciation		443.	39
		Repair		269.	13
		Total Equipment			12.52
		Fee			12.69
		Gift			06.77
		Government Fee			10.00
		Insurance			50.00
		Internet			58.58
		Legal Fee			32.80
		Meeting			45.11
		Membership -			30.00
	And the second second	Payroll:		•	
	•	FICA		3,220.	62
		Gross:		-,	
•		Overtime		312.00	l
		Gross - Other	er	51,817.34	
		Total Gross		52,129.	- .34
		Medicare	•	767.	
		Total Payroll		56 1 ⁻	17.80
	1975 J. F. S. S. W. W.	Postage	and the second		32,51
		Printing	y Ser		58.24
•		ProServices:			-
		Analysis		270.	.00
		ProServices - 0	Other	2,237.	
•		Total ProServices	·	2,50	 07.00
		Rent:		•	

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Income Statement

1/1/05 through 12/31/05



Category	1/1/05- 12/31/05
Office P.O. Box	7,380.00 38.00
Total Rent Service charge Stipend Supplies:	7,418.00 20.00 2,155.00
Laboratory Office Training Supplies - Other	3,683.53 6,790.79 320.86 0.00
Total Supplies Telephone: cell Telephone - Other	10,795.18 1,391.01 1,999.23
Total Telephone Travel: Lodging Meals Mileage Transportation	3,390.24 349.97 188.75 639.87 217.80
Total Travel Expenses - Other	1,396.39 0.00
Total Expenses	95,108.03
Total Income/Expenses	-4,284.85

Balance Sheet:1

As of 12/31/05

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Accounts	12/31/05 Balance
Assets	
Cash and Bank Accounts Checking Petty Cash	8,452.88 22.57
Total Cash and Bank Accounts	8,475.45
Other Assets Capital Equipment Inventory Receivables Total Other Assets	455.21 0.00 0.00 455.21
Total Assets	8,930.66
Liabilities & Equity	
Liabilities Credit Cards Credit Card Total Credit Cards	1,162.00
Other Liabilities FICA FTW MEDICARE Sales Tax STW Use Tax	314.96 0.00 73.70 0.00 71.96 0.00
Total Other Liabilities	460.62
Total Liabilities	1,622.62 7,308.04
Total Liabilities & Equity	8,930.66

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Please	Enter C	orporatio	n Name:	Sonora	Envi	_				_File numb	er 0 7 15 9%	4-4	Page 3
0 EIN	I A BIOLA I	DICOLO	CUDE (A D C C40 4	4000 4 0		د محمد	45-	Inci				
Nonpro	fit corpora	ations <u>mus</u>	st attach	A.R.S. §10-1 a financial stat	ement (e.g	g. income/e	expens	e state	ement, balance	e sheet includ	ling assets, liat	oilities).	All other
				om filing a fina	inciai uisc	iosure.							
		<u>S (A.R.S.</u>							חסבס ד	1 0050	NOT 101.		
Only I	Nonprofit	Corporatio	ns must a	answer this qu	estion.	This	s corpo	oratio	n DOES L	DOES	NOT 🗷 ha	ve mer	nbers.
10. <u>CE</u>	RTIFICA	ATE OF D	DISCLOS	SURE (A.R.S	. §§10-10	622.A.8 &	10-1	1622.	A.7)				•
				ction or appoi									
				ling common s to business				propri	etary, benefici	ai or membe	rsnip interest i	n the co	rporation
1. C	Convicted	of a felony	involving	a transaction	in securiti	es, consun	ner fra	ud or a	antitrust in any	state or fede	eral jurisdiction	ı within t	he seven
y.	ear period	immediai	tely prece	ding the exect	ution of thi	is certificat	te?		-		•		
				ential elemients deral jurisdicti									
				, judgment, de									
ir				on of this certi						or permanen	t order involve	d the vic	plation of:
				rovisions of the ws of that juris			nat jur	saicti	on, or				
				it of trade laws			•						
						* :		One	box must be	marked:	YES 🗆	NO	
lf "YES	5", the fo	ollowing	informa	tion must be	e submit	ted as an	attach	men	t to this repor	t for each p	ı erson subiect	to one	or more
				hrough 3. ab			L			· · · · · · · · · · · · · · · · · · ·			0, ,,,,
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1. 2.		ne and prid h name.	or names	usea.		5. 6.			urity Number	l .			
3.	_	home add	Iress.			7.				n of each cor	nviction or judi	cial acti	on;
4.		dresses (f		iate							blic agency inv	olved, a	ınd
	precedir	ng 7 year p	perioa).				tne fil	e or c	ause number	of the case.			
	ATEME!		ANKRUP	TCY, RECE	<u>IVERSHI</u>	P or CHA	ARTE	RE	VOCATION (A.R.S. §§1	0-202.D.2, 10)-3202.	D.2, 10-
	6.5.00	.5	a petition	n for bankrupt	cy or appo	ointed a re	ceiver?	· [0	ne box must	be marked:	YES	NO	A
B) Has	any perso	n serving	as an offi	cer, director, 1	rustee or	incorporate	or of th	e corp	oration served	d in any such	 capacity OR h	neld or d	ontrolled
over 20 corpora	% of the ition which	issued an	id outstar	nding common bankruptcy, r	n shares,	or 20% of	any of	ner p	roprietary, ber	<u>neficial</u> or me	mbership inte	rest in a	any other
•	diction?				_			Г			7 750 6		
[Under	lined por	tion perta	ins to bu	isiness corpo	orations o	nly]		0	ne box <u>must</u>	be marked:	YES 🗖	NO I	7 (
			the folio	wing informa	tion <u>mus</u>	t be subm	itted a	as an a	attachment to	this report fo	or each person	subjec	t to the
staten 1.		ames and	address	es of each co	orporation	and the p	erson	or pe	rsons involve	d. (e.g. office	er, director, tri	ustee or	major
2.		iolder) ate in whic	ch each c	orporation wa	s a) incorr	oorated b) :	transa	cted b	usiness.				
3.	The da	ates of cor	porate op	eration.		•							
4.		•	•	sted in #1) has	s been inv	olved in a	ny oth	er bar	nkruptcy proce	eding within	the past year,	the nar	ne and
5.		ss of each		ion. Court where th	a bankrun	tou wae file	ad ar r	aceive	er appointed				•
6.				irt appointed r		ncy was in	ÇU OI II	or othe	appointed.				
1	-30			- Albinaninae ,						4 - 5 - 4 - 4			
													
12. <u>Si</u>	GNATUF	IES: An	nual Hep	orts must be	signed a	nd dated i	by at I	east c	one duly auth	orized office	er or they will	be reje	ected.
filed w	ith the A	rizona De _l	partment	it all corporate of Revenue. ents, and to t	I further	declare u	ınder j	penali	ty of law that	I (we) have	examined this	s report	and the
	•	Marce						-		•	Date	•	
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Title_	Pre	ء ت ط و ر	1	<u> </u>		Tit	tle						
_				nust be duly	authorize			cer(s)	listed in sec	tion 7 of this	report.)		_

Annual Report Instruction Sheet READ ME! PLEASE FOLLOW THESE DIRECTIONS!

This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. This is the only notice you will receive. According to A.R.S. §10-1622.F, penalties accrue on business corporation annual reports which are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission. **No other format is allowed.**

Please verify the business address and statutory agent and agent address information on page one. Strike out incorrect information. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the stock questions. IMPORTANT: The entirety of this document is public record, including addresses cited.*Use black or blue ink.

Section 1. All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole, professional, business trust). Please list a business phone number. Section 2. All corporations must state the name and address of the current Statutory Agent for the corporation. Correct information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent must provide both a physical and mailing address. If statutory agent has a P.O. Box, then they must provide a physical description of their street address/location. New Statutory Agents must consent to their appointment by signing the appropriate line. A corporation must amend their records at the Commission anytime the Statutory Agent is changed or whenever the Agent's designated mailing address changes. Do not sign in the space provided, unless you are appointing a new agent. ☐ Section 3. Foreign (out-of-state/country) corporations must state their known place of business in this state and in the jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3. ☐ Section 4. All corporations must check the category that best describes the character of their corporation in the applicable business or nonprofit corporation area. ☐ Section 5. All business corporations must indicate the number of shares which they have authorized and issued, the class and series. All business trusts must indicate the number of transferable certificates held by trustees. ☐ Section 6. All business corporations must indicate the list of applicable shareholders. ☐ Section 7. Please list all principal officers. All corporations must have at least one duly authorized officer, with address. Section 8. Please list all directors. All corporations must have at least one director per A.R.S. §§10-803.A & 10-3803.A. ☐ Section 9. All Nonprofit corporations must file a financial disclosure statement. Nonprofit corporations meet their obligation by attaching one of the following documents: 1) Their most recent copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR 2) A copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR 3) A copy of the corporation's Treasurer's Report/Financial Statement prepared for the current fiscal year; OR 4) A copy of the financial statement prepared for the corporation's members; OR 5) A statement that the corporation conducted no business in Arizona in the past year. All other types of corporations are exempt from filing a financial disclosure. All Nonprofit Corporations must also indicate whether or not the corporation has members. ☐ Section 10. All corporations must check either YES or NO in the Certificate of Disclosure. Those who check the "YES" box must supply the attachment required as explained in section 10. ☐ Section 11. All corporations must check either YES or NO in the Statement of Bankruptcy, Receivership or Charter Revocation (both A and B). Those who check the "YES" box must supply the attachment required as explained in section ☐ Section 12. All corporations must read the declarations in this section. If they have compiled, and if they have completed the Annual Report, then the applicable officer(s) listed in section 7 must acknowledge by signing and dating the report. The signer(s) shall be at least one duly authorized officer. ☐ Sign, Date & Mail the Check and Annual Report. Business corporations must send \$45, Nonprofit corporations \$10. Credit cards are not accepted. Business/profit corporations are subject to penalties if their report is submitted after its

MAKE CHECK PAYABLE TO: MAIL OR DELIVER TO:

at 602-542-0082 for the penalty amount due.

ARIZONA CORPORATION COMMISSION c/o Annual Reports - Corporations Division 1300 West Washington Phoenix, AZ 85007-2929

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Commission's web site (www.cc.state.az.us) has more general information about annual reports and reporting requirements. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285.

AR:0046

assigned due date. Contact the Annual Report section at 602-542-3285 (Phoenix) or 520-628-6560 (Tucson) or by FAX

Rev. 05/2005