

CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE

DUE ON OR BEFORE 11/07/2006

FY06-07

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. -1240523-6 MCMORRAN, INC. 424 E SOUTHERN AVE #103 TEMPE, AZ 85282

RECEIVED

NOV - 9 2006

Business Phone: State of Domicile:	120011000	phone is optional.) rporation: BUSINESS	TIONS DIVISION
Statutory Agent: MIC Mailing Address: 424 City, State, Zip: TEM	E SOUTHERN AVE #103	Physical Address, If Dif Physical Address: City, State, Zip:	FEB 2 3 2007
ACC USE ONLY Fee \$ Penalty \$ Reinstate \$ Expedite \$	If appointing a <u>new</u> statur appointment by signing b I, (individual) or We, (corporation of do hereby consent to this appoints	or limited liability company) having been designat ment until my removal or resignation pursuant to	Sent to that
Resubmit \$		new Statutory Agent of new Statutory Agent	
(Foreign Corporations REQUIRED to comp this section).		·	

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

BUSINESS CORPORATIONS

NON-PROFIT CORPORATIONS

BUSINESS CORPORATIONS		NON-PROFIT CORPORATIONS		
1. Accounting	20. Manufacturing	1. Charitable		
2. Advertising	21. Mining	2 Benevolent		
3. Aerospace	22. News Media	3. Educational		
4. Agriculture	23. Pharmaceutical	4. CMc		
5. Architecturë	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)	12. Hospital/Health Care		
13. Entertainment	32. Technology(General)	13 Agricultural		
14. General Consulting	33. Television/Fladio	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 Management Company			

5. CAPITALIZATION: (Business Corporations and Business T	rusts are REQUIRED to complete this section 1
	tificates held by trustees evidencing their beneficial interest in
5a. Please examine the corporation's original Articles of	Incorporation for the amount of shares authorized.
Number of Shares/Certificates Authorized Clas	
	f the original number of shares has changed. Examine the
Number of Shares/Certificates Issued Clas	
834 Commo	2 STICK
6. SHAREHOLDERS: (Business Corporations and Business	Trusts are REQUIRED to complete this section.)
List shareholders holding more than 20% of any class of sh beneficial interest in the corporation. Please Type or P	ares issued by the corporation, or having more than a 20%
Name: Michiel McMorran	
NONE -	
Name:	
7. OFFICERS Please Type or Print Clearly. Name: Mike McMorro	l
Title: President	Title: Vice President
Address: 424 E. Soutlers Ave	Address: 424 E. Soutlers Are STE 103
STE 103 Tempe 17 857.82	Tempe AZ 85282
Date taking office: Ol Ol 12000	Date taking office: Olor Zoo6
Name: Mike McMorran	Name: Jennyfer McMorran
	Title: Secretary
	Address: 424 E. Sautlem Av STE103
_	Tempe AZ 85212
	Date taking office: 64/on Zoac
8. DIRECTORS Please Type or Print Clearly.	You Must List at Least One.
Name: Mike McMorron	
Address: 424 E. Southern Ave	Address:
Jempe AZ 8528Z	4
Date taking office: 61/01/200 6	Date taking office:
Name:	Name:
Address:	Address:
Date taking office:	Date taking office:

riease chier Corporation Name:m	-WITH THE		Hile numi	oer	Page 3
9. <u>FINANCIAL DISCLOSURE</u> (A.R.S. Nonprofit corporations <u>must attach</u> a finantorms of corporations are exempt from filling	cial statement (e.g. inco	me/expense statemen	nt, balance sheet includ	ling assets, liabilit	. – •
9A. MEMBERS (A.R.S. § 10-11622.A	.6)				
Only Nonprofit Corporations must answer		This corporation D	OES DOES	NOT (1) have	members.
10. CERTIFICATE OF DISCLOSURE Has ANY person serving either by election of than 10% of the issued and outstanding co- been: [Underlined portion pertains to bu	r appointment as an offi Inmon shares or 10% of	cer, director, trustee, i	ncorporator and/or pe	rson controlling or rship interest in th	folding more
 Convicted of a felony involving a transyear period immediately preceding the Convicted of a felony, the essential efformonopoly in any state or federal justice. Or are subject to an injunction, judgin immediately preceding execution of the (a) fraud or registration provision (b) the consumer fraud laws of the continuent of transport in the consumer fraud laws of the continuent of transport in the consumer fraud laws of the continuent in the consumer fraud laws of the continuent in the consumer fraud laws of the continuent in the continuen	ne execution of this cert ements of which consis urisdiction within the sen nent, decree or perman his certificate where suc as of the securities laws that jurisdiction, or	ificate? ted of fraud, misrepre; ven year period immer ent order of any state h injunction, judgment of that jurisdiction, or	sentation, theft by fals diately preceding exec or federal court enten t, decree or permanen	e pretenses or res cution of this certifed within the seve	traint of trade ficate?
		One box	must be marked:	YES 🗇 🛚 I	NO 🗹
If "YES", the following information <u>n</u> of the actions stated in Items 1. through	nust be submitted as 13. above.	s an attachment to th	nis report for each p	erson subject to	one or more
 Full name and prior names used. Full birth name. Present home address. Prior addresses (for immediate preceding 7 year period). 	5. 6. 7.	the date and loca		viction or judicial blic agency involve	action; ed, and
11. <u>STATEMENT OF BANKRUPTCY,</u> 1623 & 10-11623)	RECEIVERSHIP or (CHARTER REVOCA	ATION (A.R.S. §§10	D-202.D.2, 10-32	.02.D.2, 10-
 A) Has the corporation filed a petition for ba 	• • • • • •			, , ,	
 B) Has any person serving as an officer, directed over 20% of the issued and outstanding of 	ector, trustee or incorpo	orator of the corporation	on served in any such	capacity OR held	or controlled
<u>corporation</u> which has been placed in bankry or jurisdiction?	iplcy, receivership or ha	d its charter revoked, (or administratively or j	udicially dissolved	In any otner by any state
[Underlined portion pertains to business	corporations only]	One bo	x must be marked:	YES D N	O BY
If "YES" to A and/or B, the following in statement above. 1. The names and addresses of expectations and state in which each corporate. The state in which each corporate. If any involved person (listed in address of each corporation. 5. Date, Case number and Court with the state in address of court appointments.	each corporation and the four was a) incorporated at the four three the bankruptcy was been involved in the bankruptcy was seen involved.	ne person or persons tb) transacted busine in any other bankrupt	involved. (e.g. officess. cy proceeding within	r, director, truste	e or major
12. SIGNATURES: Annual Reports m	ust be signed and dat	ed by at least one du	uly authorized office	r or they will be	rejected.
l declare, under penalty of law that all co filed with the Arizona Department of Re- certificate, including any attachments, a	renue. I further decla	re under penalty of L	aw that I (we) have s	xamined this rec	oort and the
Name	Date //o/kwb	Name		Date	<u></u>
Signature President /MI	& Mylim	Signature	· · · · · · · · · · · · · · · · · · ·		
Title trendent		Title			
(Signator(s) must be	duly authorized corp	orate officer(s) listed	in section 7 of this	report.)	