

2.

3.

4.

2. Advertising

3. Aerospace

4. Agriculture

5. Architecture

8. Construction

__ 10. Credit/Collection

___ 9. Contractor

__ 11. Education

__ 12. Engineering

__ 15. Health Care ___16 Hotel/Motel

__ 17. lmport/Export

__ 19. Legal Services

18. Insurance

__ 13. Entertainment

__ 14. General Consulting

6. Banking/Finance

___ 7. Barbers/Cosmetology

__ 21. Mining

22. News Media

__ 26. Real Estate

__ 28. Retail Sales

23. Pharmaceutical

__ 24. Publishing/Printing

27. Restaurant/Bar

__ 29 Science/Research

25. Ranching/Livestock

___ 30. Sports/Sporting Events

__ 31. Technology(Computers)

34. Tourism/Convention Services

37. Veterinary Medicine/Animal Care

__ 32. Technology(General)

__ 33. Television/Radio

__ 35. Transportation

__ 36. Utilities

__ 38. Other

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

DUE ON OR BEFORE 06/13/2008

FY07-08

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 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. -0225783-5 TROY SHACKELFORD, CPA, LTD. PO BOX 72480 PHOENIX, AZ 85050

RECEIVED

JUN 1 1 2008

ARIZONA CORP. COMMISSION GORPORATIONS DIVISION

Business Phone:	(Business phone is optional.)
State of Domicile: 3	ARIZONA Type of Corporation: PROFESSIONAL
statutory Agent: TRO	M SHACKELFORD Physical Address, If Different.
Mailing Address: 3161	18 N 44TH ST Physical Address:
ty, State, Zip: CAVE	E CREEK, AZ 85331 City, State, Zip:
ACC USE ONLY	Use this box only if appointing a new Statutory Agent
Fee \$	If appointing a <u>new</u> statutory agent, the new agent MUST consent to that appointment by signing below.
Penalty \$	
Reinstate \$	I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Ager do hereby consent to this appointment until my removal or resignation pursuant to law.
Expedite \$	Signature of new Statutory Agent
Resubmit \$, and the second
	Printed Name of new Statutory Agent
Secondary Address:	
(Foreign Corporations <u>REQUIRED</u> to complethis section).	i'
▼ BUSINESS CORPC	relow which best describes the CHARACTER OF BUSINESS of your corporation. DRATIONS

Benevolent

Educational

Civic

7. Social

10. __ Athletic

17. _ Other_

Political

Literary

11. _ Science/Research

14. __ Animal Husbandry

12. __ Hospital/Health Care

15. Homeowner's Association

16. _ Professional, commercial

industrial or trade association

__ Culturál

13. ___ Agricultural

Religious

3. __

8.

5. CAPITALIZATION: (Business Corporations and	Business Trusts are REQU	IRED to complete this section.)
Business trusts must indicate the number of transfet the trust estate. Please Print or Type C	erable certificates held by	y trustees evidencing their beneficial interest in
5a. Please examine the corporation's original A	articles of Incorporation f	or the amount of shares authorized.
Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
1,000,000	common	None
5b. Review all corporation amendments to de corporation's minutes for the number of sha		number of shares has changed. Examine the
Number of Shares/Certificates Issued	Class	Series Within Class (if any)
500	common	None
6. SHAREHOLDERS: (Business Corporations and List shareholders holding more than 20% of any copeneficial interest in the corporation. Please Tynname: Troy Shacke Holding Mame:	lass of shares issued by	the corporation, or having more than a 20%
Name: Frenda Shack	celord Name:	
7. OFFICERS Please Type or Print Cl. Name: Troy Shackliford Title: President / Treasurer Address: POBOX 12480 Phy A3 85050 Date taking office: 8 31/91 Name: Title: Address:	Name: 1 Title: Date taking Name: Title:	Brenda Shacke Hord V. President/Secretary POBox 72480 Phr AZ 85050
Date taking office: 8. DIRECTORS Please Type or Print CI Name: Troy Shackelford Address: POBox 72480 Phx A2 85050 Date taking office: 8 31 91 Name:	early. You Must I Name: Address: 1 Date taking	Brenda Shackelford DBox 72480 Pmx AZ 85050
Address: Date taking office:		office:

Please E	inter Corporation Name:	Troy Shacke Horb,	CPA,L	fdi	File number	022578	3-5 Page 3
Nonprofit	NEIAL DISCLOSURE (A.F. corporations must attach a file corporations are exempt from	nancial statement (e.g. inco		statement, balance s	heet including	g assets, liabil	ities). All other
	MBERS (A.R.S. § 10-1162) Inprofit Corporations must ans		This corpor	ation DOES 🗖	DOES N	OT 🗖 have	e members.
Has ANY than 10%	TIFICATE OF DISCLOSUS Derson serving either by election of the issued and outstanding derlined portion pertains to	on or appointment as an off common shares or 10% o	icer, director, f any other pr	trustee, incorporator			
yea 2. Cor or n 3. Or a	nvicted of a felony involving a too period immediately preceding a top of a felony, the essention one open in any state or federate subject to an injunction, junction and its preceding execution (a) fraud or registration provice) the consumer fraud laws (c) the antitrust or restraint or	ng the execution of this cert all elements of which consist all jurisdiction within the se adgment, decree or perman of this certificate where suc- isions of the securities laws of that jurisdiction, or	ifficate? sted of fraud, even year peri nent order of a ch injunction, s of that juriso	misrepresentation, the od immediately precany state or federal countries	neft by false p eding execut ourt entered permanent o	retenses or re ion of this cer within the sev	estraint of trade tificate? ven year period
	the following informatio tions stated in Items 1. thro		<u></u>				one or more
2. F 3. F 4. F	full name and prior names use full birth name. Present home address. Prior addresses (for immediate preceding 7 year period).	6. 7.	Social S The nat the date	nd location of birth. Security Number ure and description of e and location; the co or cause number of t	urt and public		
11. <u>STA</u> 1623 & 1	<u>rement of Bankrupto</u> 0-11623)	CY, RECEIVERSHIP or	CHARTER	REVOCATION (A.	R.S. §§10-2		•
A) Has the	e corporation filed a petition fo	or bankruptcy or appointed	a receiver?	One box <u>must</u> be	marked:	YES 🗇 🛭	NO)XI
	y person serving as an officer of the issued and outstandi						
corporation or jurisdic	<u>n</u> which has been placed in ba	nkruptcy, receivership or h	ad its charter	revoked, or administi	ratively or jud	icially dissolv	ed by any state
•	ed portion pertains to busir	ness corporations only]		One box <u>must</u> be	marked:	YES 🗇 1	NO 🗹
	' to A and/or B, the following above. The names and addresses stockholder). The state in which each corporate operal of any involved person (listed address of each corporation. Date, Case number and County and address of court and address o	of each corporation and to coration was a) incorporate ation. I in #1) has been involved art where the bankruptcy wa	he person or d b) transacte in any other	persons involved. ed business. bankruptcy proceed	(e.g. officer,	director, trust	tee or major
12. <u>SIGN</u>	Annual Report	ts must be signed and da	ted by at lea	st one duly authori	zed officer o	or they will be	e rejected.
filed with certificate	under penalty of law that a the Arizona Department of e, including any attachment	Revenue. I further declars, and to the best of my	are under pe	nalty of law that I (v	we) have exa	amined this r	eport and the
Name 1	renda Shacke Ho	nl Date 6/10/08	Name			_Date	·
Signatur	New Shac	kelford'	Signature_				
Title	lice President	st be duly authorized corp	Title	r/c) listed in costin	o 7 of this	voort \	 .
	(Signator(s) illus	n be duly admonized coll	voi ale Ullice	ito) naieu iii aeutiOi	. , or unalt	POI (.)	

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. <u>All Nonprofit corporations</u> must attach a statement of financial condition (e.q. income/expense statement, balance
	sheet including assets, liabilities). All other types of corporations are exempt from filing a financial disclosure. All Nonprofit
_	<u>Corporations</u> 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.
u	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 11.
ш	Section 12. All corporations must read the declarations in this section. If they have complied, 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 assigned due
	date. Contact the Annual Report section at 602-542-3285 (Phoenix) or 520-628-6560 (Tucson) or by FAX at 602-542-0082 for
	the penalty amount due.
	the penalty amount due.
	MAKE CHECK PAYABLE TO: ARIZONA CORPORATION COMMISSION
	MAKE CHECK PAYABLE TO: ARIZONA CORPORATION COMMISSION MAIL OR DELIVER TO: C/O Annual Reports - Corporations Division

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Commission's web site (www.azcc.gov/Divisions/Corporations/) 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.

1300 West Washington Phoenix, Arizona 85007-2929

AR:0046 Rev. 12/2007