



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

AZ Corp. Commission



02537222

DUE ON OR BEFORE 07/05/2008

FY08-09

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.

RECEIVED

RECEIVED

1. -1213947-1
G. WHITE TRADING, INC.
PO BOX 4782
SEDONA, AZ 86340

AUG 27 2008

JUL 02 2008

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Business Phone: 928-203-1778 (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: BUSINESS

2. Statutory Agent: CAROLYN ANDERSON
Mailing Address: 255 EL CAMINO ROAD
City, State, Zip: SEDONA, AZ 86336

Physical Address, If Different.

Physical Address:

City, State, Zip:

ACC USE ONLY

Fee \$

Penalty \$

Reinstate \$

Expedite \$

Resubmit \$

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section).

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

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input checked="" type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other |

NON-PROFIT CORPORATIONS

- | |
|--|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial
industrial or trade association |
| <input type="checkbox"/> 17. Other |

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1

1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation.

2. The second part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation.

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. **Please Print or Type Clearly.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

200,000

Common Stock without par value

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

none on file

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** 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 Print Clearly.**

Name: _____ Name: _____

NONE ☒

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: Gary Frank White

Title: Director - President

Address: P.O. Box 4782

Sedona, AZ 86340

Date taking office: July 5, 2005

Name: _____

Title: _____

Address: _____

Date taking office: _____

Name: Carolyn Lorraine Anderson

Title: Director - Secretary / Treasurer

Address: P.O. Box 4782

Sedona, AZ 86340

Date taking office: July 5 2005

Name: _____

Title: _____

Address: _____

Date taking office: _____

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: Gary Frank White

Address: P.O. Box 4782

Sedona, AZ 86340

Date taking office: July 5, 2005 on file

Name: _____

Address: _____

Date taking office: _____

Name: Carolyn Lorraine Anderson

Address: P.O. Box 4782

Sedona, AZ 86340

Date taking office: July 5 2005 on file

Name: _____

Address: _____

Date taking office: _____

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the accounting department in ensuring the integrity of the financial statements.

2. The second part of the document outlines the various methods used to collect and analyze data, including the use of statistical software and the importance of sample size and representativeness.

3. The third part of the document describes the various types of data that can be collected, including primary and secondary data, and the importance of ensuring the accuracy and reliability of the data.

4. The fourth part of the document discusses the various methods used to analyze data, including the use of statistical tests and the importance of interpreting the results correctly.

5. The fifth part of the document describes the various types of data that can be collected, including primary and secondary data, and the importance of ensuring the accuracy and reliability of the data.

6. The sixth part of the document discusses the various methods used to analyze data, including the use of statistical tests and the importance of interpreting the results correctly.

7. The seventh part of the document describes the various types of data that can be collected, including primary and secondary data, and the importance of ensuring the accuracy and reliability of the data.

COMMISSIONERS
MIKE GLEASON - Chairman
WILLIAM A. MUNDELL
JEFF HATCH-MILLER
KRISTIN K. MAYES
GARY PIERCE



ARIZONA CORPORATION COMMISSION

BRIAN C. MCNEIL
Executive Director

LINDA FISHER
Director, Corporations Division

CORPORATIONS DIVISION
1300 West Washington
Phoenix, Arizona 85007-

G. WHITE TRADING, INC.
PO BOX 4782

SEDONA, AZ 86340

Effective Date: **08/08/2008**
File No: **-1213947-1**

Original Due Date: **July 5, 2008**

Received: **07/02/08**

We have deposited your check, however your annual report is being returned for the following reason(s):

Please list directors and their business addresses. Corporations must have at least one director in section 8 on page 2 of the annual report form per A.R.S 10-3803. Business addresses must be provided for each director listed.

> Please indicate the number of shares issued on page 2,
section 5b.

IMPORTANT INFORMATION

Please note: This annual report has not been approved, it is being returned to you for corrections which are listed above. If you wish to avoid additional penalties and possible administrative dissolution, this report must be returned within 30 days after the effective date of this notice to be deemed timely filed. Refer to A.R.S. 10-1622.F for more information.

To successfully process your document, it is important for you to return:

- 1) A copy of this letter.
- 2) All annual report(s) which accompanied this letter (with corrections made).
- 3) Filing fee, penalties, or reinstatement fee if due.
- 4) Additional forms if required, like the Affidavit of Publication.

AR: 0021
REV. 03/2008

*Please find corrections made
on original form. Thank you*

the first of these is the fact that the system is not a simple one, and the second is the fact that the system is not a simple one.

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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). All other forms of corporations are exempt from filing 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 members.

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, incorporator and/or person controlling or holding more than 10% of 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]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven 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 of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (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?

One box must be marked:

YES ☐ NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more 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 or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

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 controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation 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 ☒

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.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been 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 <u>Gary White</u>	Date <u>6/3/08</u>	Name <u>Carolyn Anderson</u>	Date <u>6/30/08</u>
Signature <u>[Signature]</u>		Signature <u>[Signature]</u>	
Title <u>member president</u>		Title <u>member secretary/treasurer</u>	

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

