



WEB FORM  
COPY

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



02550106



DUE ON OR BEFORE 07/30/2007

FY07-08

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.

RECEIVED

1. -0997475-4

ONE STEP BEYOND, INC.  
% WILCOX & WILCOX PC  
3030 N CENTRAL AVE #705  
PHOENIX, AZ 85012

9299 W. Olive Ave, Suite 311  
Peoria, AZ 85345

SEP 10 2008

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

\* AD-DISSOLVED-FILE ANNUAL REPORT 03/03/2008; CONTACT THE COMMISSION AT 602-542-3026!

Business Phone: \_\_\_\_\_

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2.

Statutory Agent: ~~WILCOX AND WILCOX PC~~  
Mailing Address: 1850 N CENTRAL AVE STE 1050  
City, State, Zip: PHOENIX, AZ 85004

Physical Address, If Different:

Physical Address:  
City, State, Zip:

Mimi S. Rogers  
One Step Beyond, Inc.  
9299 W. Olive Ave,  
Suite 311  
Peoria, AZ 85345

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.

*Mimi S. Rogers*

Signature of new Statutory Agent

Mimi S. Rogers

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

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

NON-PROFIT CORPORATIONS

- ☐ 1. Charitable
- ☐ 2. Benevolent
- ☐ 3. Educational
- ☐ 4. Civic
- ☐ 5. Political
- ☐ 6. Religious
- ☐ 7. Social
- ☐ 8. Literary
- ☐ 9. Cultural
- ☐ 10. Athletic
- ☐ 11. Science/Research
- ☐ 12. Hospital/Health Care
- ☐ 13. Agricultural
- ☐ 14. Animal Husbandry
- ☐ 15. Homeowner's Association
- ☐ 16. Professional, commercial
- ☐ 17. Industrial or trade association
- ☒ 17. Other *Rehabilitation and Training for People with Disability*



# ∞ IMAGING INSERT ∞

## PLACE INSERT BEHIND PAGE 1

☐ PAGE 2 OF ANNUAL REPORT OFFICER &  
DIRECTOR NOT RECEIVED

☒ PAGE 3 OF ANNUAL REPORT DISCLOSURE NOT  
RECEIVED

☐ NO CERTIFICATE OF DISCLOSURE FOR NEW  
FORMATION FILINGS

☐ BAD QUALITY DOCUMENT RECEIVED:

☐ ORIGINAL TOO LIGHT/TOO DARK

☐ ORIGINAL RECEIVED DAMAGED

☐ BLEEDING INK

☐ DOCUMENT HAS EXTRA THIN/THICK LINES

☐ DOCUMENT SIZE IS SMALLER THAN 8.5 x 11

☐ MORE THAN ONE DOCUMENT ON SINGLE PAGE

☐ WEB FORM COPY-CHECK RESOLUTION SETTINGS

☐ OTHER: \_\_\_\_\_

## 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;                                   |
| 4. Prior addresses (for immediate preceding 7 year period). | 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, 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 \_\_\_\_\_ Date \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

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

**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)
0		
0		

**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)
0		
0		

**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.

**NONE** ☐ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**7. OFFICERS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: CARRIE WILCOX

Name: Mimi Rogers

Title: SECRETARY

Title: CEO

Address: 1850 N CENTRAL AVE STE 1050

Address: 9299 W. Olive Ave, Suite 311

PHOENIX, AZ 85004

Peoria, AZ 85345

Date taking office: 7/1/2001

Date taking office: 7/1/2001

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**8. DIRECTORS** PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: List of Board of Directors is attached

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_





*A Comprehensive Program  
for People with Cognitive  
Disability*

### **ONE STEP BEYOND, INC. BOARD OF DIRECTORS, AND THEIR AFFILIATIONS**

**Dr. Patrick Kennedy, M.D. (Chairman).** Has practiced OB/GYN in Glendale for over 25 years, and is actively involved in several charitable foundations. Term of service, 2001-2008.

**Mrs. Carrie Wilcox (Vice-Chair).** Managing partner of Wilcox and Wilcox Legal Firm. CFO of The Angel Society, a nonprofit corporation serving the needs of young women who have been the victims of neglect and abuse. Term of service, 2001-2008.

**Mr. Thomas Joyce (Treasurer).** Chartered Financial Consultant and the President and Founder of Coordinated Financial Services, Arizona. Term of service, 2001-2008.

**Mrs. Nancy Root (Secretary).** Retiree. Active supporter and sponsor of many charitable endeavors, including The United Way. Term of service, 2001-2008.

**Mrs. Sharon Harper.** President and CEO of The Plaza Companies. Trustee and board member of many non-profit corporations and foundations. Member of several legislative and civic commissions and task forces. Term of service, 2001-2008.

**Mrs. Doris Lawson.** Parent/Advocate for her 36-year-old daughter who has Down Syndrome. A founder of the Molly Foundation, which provides charitable funds for persons with disability, particularly in the areas of health. Term of service, 2004-2008.

**Mr. Michael O'Hara.** President and CEO of O'Hara and Associates. Mr. O'Hara is a Certified Public Accountant with extensive auditing experience. Term of service, 2004-2008.

**Mrs. Veronica Ragland.** Administrator, Arizona Department of Economic Security. Mrs. Ragland is a licensed attorney who performs special projects for DES. Currently, Mrs. Ragland assists the Divisions of Child Support Enforcement and Developmental Disabilities, and serves in a dual role on the DES Service Integration Project as a DES Director-appointed Parent Advocate and DES Partner. Mrs. Ragland is the mother of 2 daughters, the youngest of whom has Down Syndrome. Term of service 2006-2008.

**Mrs. Ellie Rio.** Sr. Demand Mgr, McKesson Corporation. Other McKesson experience includes VP Marketing, VP Six Sigma, Rx / HHC / OTC product mgmt, major system implementations and corporate acquisitions. Mrs. Rio is the sister-in-law of Alex Rio, special needs adult. Term of service 2006-2008.

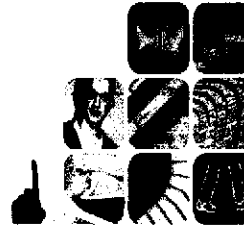
**Dr. Joseph Rogers, Ph.D.** President and Senior Scientist of Sun Health Research Institute, a nonprofit biomedical research center for studies of aging and age-related disorders. Term of service, 2001-2008.

**Dr. Bob Root, Ph.D.** Chairman of the Board of Sun Health Corporation. Former chairman and board member for several non-profit corporations. Supporter and sponsor of many charitable endeavors in the Phoenix area, including The United Way. Term of service, 2004-2008.

**Mrs. Jackie Stanley.** Recreation Supervisor, City of Peoria, specializing in programs for individuals with disability. Term of service, 2001-2008.







*A Comprehensive Program  
for People with Cognitive  
Disability*

### One Step Beyond Profit and Loss 7/1/2006- 6/30/2007

<b>Revenues</b>		
DES/DDD	\$	1,582,000.00
Grants and Donations	\$	77,150.00
Participant Payments	\$	19,260.00
Miscellaneous Reimbursements	\$	9,100.00
<b>Total Revenue</b>	<b>\$</b>	<b>1,687,510.00</b>
<b>Expenses</b>		
Occupancy	\$	121,520.00
Operations	\$	21,336.00
Insurance Liability, Property, Vehicle	\$	28,056.00
Salaries Wages Benefits and Training	\$	1,451,800.00
Direct Program Costs	\$	47,376.00
<b>Total Expenses</b>	<b>\$</b>	<b>1,670,088.00</b>
<b>Net Revenue/Expense</b>	<b>\$</b>	<b>17,422.00</b>



# One Step Beyond, Inc. Board Meeting

## Treasurer's Report

6/14/2007

### One Step Beyond, Inc. Balance Sheet June 14, 2007

Current Assets		Current Liabilities	
Cash	17,476	Notes Payable	-0-
Accounts Receivable		Accounts Payable	-0-
DES/DDD Sept. Billing	157,401		
Student Fees	871		
Supplies	-0-	Line of Credit: \$30,000	
		Current Outstanding	15,000
Prepaid Expenses	-0-		
Other Current Assets	-0-		
<b>Total Current Assets</b>	<b>175,748</b>	<b>Total Current Liabilities</b>	<b>15,000</b>
 <i>Property, Plant, and Equipment</i>		 <i>Long Term Liabilities</i>	
Land	-0-	J.P. Morgan Chase	458,000
Buildings	-0-	<b>Total Long-Term Liabilities</b>	<b>458,000</b>
9299 W. Olive Ave. Unit 311	597,600		
(Building 372,600/Build Out 225,000)			
Library and Materials	10,550		
Equipment	95,738		
Vehicles	112,330		
Depreciation	-0-		
<b>Total Net Fixed Assets</b>	<b>816,218</b>		
<b>TOTAL ASSETS</b>	<b>991,966</b>	<b>TOTAL LIABILITIES</b>	<b>473,000</b>

