

WEB FORM

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





DUE ON OR BEFORE

5/30/2009

480-775-7501

FILING FEE

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.

(Business phone is optional)

5. -07130412 Spitfire Builders, Inc. 325 W. Louis Way Tempe, AZ 85284-1352

Business Phone:

RECEIVED

APR 2 2 2009

ARIZONA CORP. COMMISSION CORPORATIONS DIMISION

2326	ite of Domicile:	manasona Type of oorpi	oration: BUSINESS
j	Statutory Agent: Mailing Address: City, State, Zip:	Capital Legal Services, Inc. 7110 E. McDonald Dr., Suite B-2 Scottsdale, AZ 85253	Physical Address, If Different. Physical Address: City, State, Zip:
A	CUSE ONLY	Use this box only	1f appointing a new Statutory Agent
Fen \$ Penalty 5 Reinctate 5		If appointing a <u>new</u> statutory agent, the new agent MUST consent to that appointment by signing below.	
		l, (individual) or We, (corporation or li do hereby consent to this appointmen	mited liability company) having been designated the new Statutory (of until my removal or resignation pursuant to law.
Heine		· · · · · · · · · · · · · · · · · · ·	
Ехрес	lite \$	Signature of <i>new</i>	v Stalutory Agent

(Foreign Corporations are

REQUIRED to complete this section).

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

BUSINESS COR	PORATIONS	NON-PROFIT CORPORATIONS
Accounting	20 Magnifacturing	1: Charicabia
2. Adventising	21. Mining	2. Enevolent
3. Aerospace	22. News Media	3Educational
4. Agriculture	23 Phannaceutical	4 Civio
5. Atchitecture	24, Publishing Printing	S. Political
S. Banking/F nance	25 Hanching/Livestock	6 Religious
7. Barbara/Cosmetology	26. Resi Estate	7 Social
▲8: Construction	27. Restaurent/Bar	B. Literary
9. Connactor	29 : Resail Sales	9 Colleres
10. Oretit/Collection	29 Science/Research	IO Athletic
11. Education	30, Sports/Sporting Events	11 Science/Research
12 Engineering	31. Technology(Computers)	12. Hospital/Health Core
13. Entertainment	32. Technology(General)	13. Agricultural
14. General Consulting	33. Television/Radio	14 Animal Husbandry
15. Health Care	34. TourismyConvention Services:	15. Homsowner's Association
15. Hotel/Motel	35. Transportation	16. Professional commercial
17, Import/Export	36. Utilities	Industrial or trade association
18 Insurance	37 Veterinary Medicine/Animal Care	17. Ciher
19 Lenal Sanines	38 Other	

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5.	CAPITALIZATION:	(Business	Corporations and	Business	rusts are	REQUIRED	to complete	this section)
e	والمواصلة العصورون والماسانية	dianta tha	sicioniti nativit kanning	fairable and	difficultion b	ental tone transco	ans a údan	ning that he

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

ба.			ation for the amount of shares authorized.
Number of Shares/Certificates Authorized		Class	Series Within Class (if any)
	100000	COMMON	N/A
5b.	Review all corporation amendmen corporation's minutes for the mimb		ginal number of shares has changed. Examine the
Numb	er of Shares/Certificates Issued	Class	Series Within Class (if any)
	4125	COMMON	N/A
6. SH	AREHOLDERS: (Business Corporat	ons and Business Trusts ar	e REQUIRED to complete this section.)
List st	***************************************		ued by the corporation, or having more than a 20%
	Name: William St Pierre	Nan	ne: James Vance
NONE		- via	
	Name: John St. Pierre	Na	me:
7. <u>OF</u>	FICERS		
Name	: William St. Pierre	Name	e:John C. St. Pierre
Title:	PRESIDENT	Title:	TREASURER
Addre	325 W. Louis Way,	Addre	ess: 325 W. Louis Way,
	Tempe, AZ 85284-1352	······	Tempe, AZ 85284-1352
Date t	aking office: 3/8/1994	Date	taking office: 3/8/1994
Name	: William St. Pierre	Name	e:
Title:	SECRETARY	Title:	· · · · · · · · · · · · · · · · · · ·
Addre	SS: 325 W. Louis Way	Addre	ess:
	Tempe, AZ 85284-1352		
Date t	aking office: 3/8/1994	Date	taking office:
8. <u>DIR</u>	ECTORS		
Name	William St. Pierre	Name	et
Addre	SS: 325 W. Louis Way,	Addre	ess:
	Tempe, AZ 85284-1352		·
Date t	aking office: 3/1/1994	Date	taking office:
Name	John C. St. Pierre	Name	•
Addre	SS: 325 W. Louis Way,	Addre	ess:
	Tempe, AZ 85284-1352		·
Date t	aking office: 3/1/1994	Date	taking office:

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Pleas	e Enter Corporation Name:	Spitfire Builders, Inc.	File number 07130412 Page
Nonpri	NANCIAL DISCLOSURE (A.R.S. officerporations must attach a finant of corporations are exempt from filin	cial statement (e.g. incom	expense statement, balance sheet including assets, liabilities). All oth
9A. N	<u> 1648-14 (A.R.S. § 10-11622, A</u>		
Only	Nonprofit Corporations must answer	this question. T	is corporation DOES (] DOES NOT (] have members.
Has Al		rappointment as an office mmon shares or 10% of a	r, director, trustee, incorporator and/or person controlling or holding mo ny other proprietary, beneficial or membership interest in the corporatio
2: (3: (vear period immediately preceding the Convicted of a felony, the essential elementation or federal judgmans authorism, judgman	ie execution of this certific ements of which consiste irisdiction within the seve nent, decres or permaner ils certificate where such is of the securities laws o nat jurisdiction, or	of fraud, misrepresentation, theft by false pretenses or restraint of trace year period immediately preceding execution of this certificate? It order of any state or federal court entered within the seven year period interest of any state or federal court entered within the seven year period interest or judgment, decree or permanent order involved the violation of that jurisdiction, or
If "YE	S" the following information m	iust be submitted as a	One box <u>must</u> be marked; YES NOW n attachment to this report for each person subject to one or more
	actions stated in Items 1. through		The second secon
2. 3. 4.	Full name and prior names used. Full birth name. Present home address. Prior addresses (for immediate preceding 7 year period).	5. 6. 7.	Date and location of birth, Social Security Number 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.
	ATEMENT OF BANKRUPTCY. & 10-11623)	RECEIVERSHIP or CI	<u>IARTER REVOCATION</u> (A.R.S. §§10-202.D.2, 10-3202.D.2, 10
	• • • • • • • • • • • • • • • • • • • •	ankruptcy or appointed a	eceiver? One box must be marked: YES I NO
B) Has over 20 corpora	any person serving as an officer, dir 5% of the issued and outstanding c	ector, trustee or incorpora ommon shares, or 20%	tor of the corporation served in any such capacity OR held or controlle of any other proprietary, beneficial or membership interest in any other is charter revoked, or administratively or judicially dissolved by any stat
	fined portion pertains to business	corporations only]	One box must be marked: YES I NO
	ment above: The names and addresses of estockholder) The state in which each corporal The dates of corporate operation	each corporation and the lion was a) incorporated in (, #1) has been involved in there the bankruptcy was	any other bankruptcy proceeding within the past year, the name and
12. 81	GNATURES: Annual Reports m	ust be signed and date	l by at least one duly authorized officer or they will be rejected.
I decla	re, under penalty of law that all co ith the Arizona Department of Rev	orporate income tax returence. I further declare	rns required by Title 43 of the Arizona Revised Statutes have bee under penalty of law that I (we) have examined this report and th r) knowledge and belief they are true, correct and complete.
Name	William St. Pierre	DateN	imeDate
Signa	ture LALLOS FA	s	gnature
Title_	PRESIDENT		litte
	(Signator(s) must be	duly authorized corpor	ate officer(s) listed in section 7 of this report.)