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

**DUE ON OR BEFORE 11/04/2008** 

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 The Commission's authority to prescribe this form is A.R.S. 5§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\_ ~1162604-7 LA OLLA, INC 11119 W MOTES DR MARANA, AZ 85653

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ARIZONA CORP. COMMISSION OGRPORATIONS DIVISION

NOV 0 4 2008

ARIZONA CORP. COMMISSION

		COMPONERIO
Business Phone:	(Busine	ss phone is optional.)
State of Domicile:	ARIZONA Type of C	Corporation: BUSINESS
tatutory Agent: KEN GALLARDO ailing Address: 11119 W MOTES DR ty, State, Zip: MARANA, AZ 85653		Physical Address, If Different Physical Address: 8553 N.S. Warfell Fd & City, State, Zip: Marone Az 85743
ACC USE ONLY	Use this box or	nly if appointing a new Statutory Agent
Fee \$	If appointing a <u>new</u> sta appointment by signin	ntutory agent, the new agent MUST consent to that g below.
Reinstate \$	I, (Individual) or We, (corporation do hereby consent to this appoint	on or limited liability company) having been designated the new Statutory Agent, pintment until my removal or resignation pursuant to law.
Expedite \$	Signature	of new Statutory Agent
Flesubmit \$		

3.

(Foreign Corporations are **REQUIRED** to complete this section).

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ARIZONA CORP. COMMISSION Check the one category below which best describes the CHARACTER OF BUSINESS of your corporations TIGHT BUSINESS OF YOUR CORPORATIONS BIVISION 4.

BUSINESS CORE	PORATIONS	
1. Accounting	20. Manufacturing	
2. Advertising	21. Mining	
3. Aerospace	22. News Media	
4, Agriculture	23. Pharmaceutical	
5. Architecture	24. Publishing/Printing	
16. Banking/Finance	25. Ranching/Livestock	
7. Barbers/Cosmetology	26. Fleat Estate	
8. Construction	27. Resigurant/Bar	
8. Construction 9. Contractor	28. Retail Sales	
16. Credit/Collection	29. Science/Research	
†1. Education	30. Sports/Sporting Events	
12. Engineering	31. Technology(Computers)	
13. Entertainment	32. Technology(General)	
\$4. @eneral Consulting	33. Television/Fladio	
15. Health Care	34. Tourism/Convention Services	
16. Hotel/Motel	35. Transportation	
17. Import/Export	36. Utilides	
18. Incurance	37. Veterinary Medicine/Animal Care	
19. Legal Services	38. Other	

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NON-PROFIT CORPORATIONS
1 Charitable
2 Benevolent
3: Educational
4 CMc
5 Political
6 Religious
7 Social
8 Literary
9 Cultural
10 Athletic
11. Science/Research
12 Flospital/Health Care
13 Agricultural
14 Animal Husbandry
15 Homeowner's Association
16 Professional, commercial
industrial or trade association

17. \_\_ Other\_

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5. CAPITALIZATION: (Business Corporations and Business	Trusts are REQUIRED to complete this section.)
Business trusts must indicate the number of transferable ce the trust estate: Please Print or Type Clearl	ertificates held by trustees evidencing their beneficial interest in
	f Incorporation for the amount of shares authorized.
Number of Shares/Certificates Authorized  Cla	Series Within Class (if any)
5b. Review all corporation amendments to determine corporation's minutes for the number of shares issued	if the original number of shares has changed. Examine the <b>red</b> .
Number of Shares/Certificates Issued . Cla	Series Within Class (if any)
beneficial interest in the corporation. Please Type or	hares issued by the corporation, or having more than a 20% Print Clearly.
Name: Drane & Coallardo Name: Kennethm Gallad	
7. OFFICERS Please Type or Print Clearly.	You Must List at Least One.
Name: Kenneth M. Gallards	Name: Drane 2-Gallards
Title: fresident	Title: Sectorary
Address: 11119 w Motes Dr	Address:
Marcha 42 85243	el lat.
Date taking office: 11/06	Date taking office: ///o/
Name: Kenneth M. Gallado	Name: Drane & Gallardo
ritle: President	Title: Section
Address: 11119 W. Motes Dr	Address: 11119 w. Motes Dr.
Marci HZ 85743	meron AZ 85743
-	Date taking office:
S. <u>DIRECTORS</u> Please Type or Print Clearly. Name: <u>Kun-Uh M. Callord</u> 1	You Must List at Least One.  Name: Drank 2 Callado
Address: 1119 w Moties Dr	Address: 11119 w. Motes D.
Marena AZ 85653	Marane AZ 85653.
Date taking office: 11/04	Date taking office: 1466
Name:	Name:
Address:	Address:
	<del></del>
Date taking office:	Date taking office:

en de la companya de la com La companya de la co  COM MISSION ERS KRISTIN K. MAYES - Chairman GARY PIERCE PAUL NEWMAN SANDRA D. KENNEDY **BOB STUMP** 



MICHAEL P. KEARNS Interim Executive Director

LINDA FISHER Director, Corporations Division

## ARIZONA CORPORATION COMMISSION

CORPORATIONS DIVISION 1300 West Washington Phoenix, Arizona 85007-

LA OLLA, INC 11119 W MOTES DR

MARANA, AZ 85653

Effective Date: 04/06/2009

File No: -1162604-7

Original Due Date:

November 4, 2008

Received: 03/06/09

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.

## 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.

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Nonp	INANCIAL DISCLOSURE (A.R.S. §10-11622 rofit corporations must attach a financial statement of corporations are exempt from filing a financial	it (e.g. income	e/expense	statement, balance s	sheet includ	ing assets, liabilities	). All other
9A. j	MEMBERS (A.R.S. § 10-11622.A.6)						
Only	Nonprofit Corporations must answer this question	n. Tř	nis corpo	ration DOES 🗍	DOES	NOT 🗯 have me	embers.
Has A than 1	ERTIFICATE OF DISCLOSURE (A.R.S. §§1 NY person serving either by election or appointmen 10% of the issued and outstanding common shares [Underlined portion pertains to business corporations]	nt as an office or 10% of ar	r, director ny other p	, trustee, incomorator	r <u>and/or pen</u> or member	son controlling or ho ship interest in the c	lding more opporation
2. 3.	Convicted of a felony involving a transaction in sec year period immediately preceding the execution of Convicted of a felony, the essential elements of who or monopoly in any state or federal jurisdiction with Or are subject to an injunction, judgment, decreed immediately preceding execution of this certificate (a) fraud or registration provisions of the secu- (b) the consumer fraud laws of that jurisdiction (c) the antitrust or restraint of trade laws of the	of this certification consisted that the sever or permanent where such in this sever or or or this certification of the certification o	ate? I of fraud, I year per I order of injunction, that juris	misrepresentation, the iod immediately precany state or federal of judgment, decree or	neft by false seding exect court entere permanent	pretenses or restrai ution of this certifica d within the seven v	nt of trade te? ear period
It "YE	S", the following information must be sub	mitted as a					TO MOYO
of the	actions stated in Items 1. through 3. above.	mittou co c	· · HILLEROI W		or origin he	raov raubject to ork	O HIOLE
1. 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.	Social : The nat the date	nd location of birth. Security Number ture and description of and location; the co- or cause number of t	urt and publ	riction or judicial act ic agency involved, a	ion; and
1623	TATEMENT OF BANKRUPTCY, RECEIVERS & 10-11623) is the corporation filed a petition for bankruptcy or a			,	17.	•	_
B) Has over 2 comor	any person serving as an officer, director, trustee 0% of the issued and outstanding common share ation which has been placed in bankruptcy, received diction?	or incorporates, or 20% of	or of the	corporation served in er proprietary, benefic	any such c	apacity OR <u>held or c</u> bership interest in a	controlled any other
[Unde	rlined portion pertains to business corporation	is only)	·	One box <u>must</u> be	marked:	YES I NO	Ø
If "Y state 1. 2. 3. 4. 5.	ES" to A and/or B, the following information ment above.  The names and addresses of each corporat stockholder)  The state in which each corporation was a) income the dates of corporate operation. If any involved person (listed in #1) has been address of each corporation.  Date, Case number and Court where the bank Name and address of court appointed receives.	tion and the proporated by involved in a cruptcy was fit	person of transaction	persons involved. (ed business. bankruptcy proceedi	e.g. officer,	, director, trustee or	major
12.8	GNÁTURES: Annual Reports must be signe	hetch bos b	hy at les	St one duly euthoris	red officer	or they will be soin	oted
i deci: filed v certifi Name	with the Arizona Department of Revenue. I furticate, including any strachments, and to the beauty of the Date of t	ome tax returner declare of my (our	rns requi under pe ) knowle me <u>)</u>	red by Title 43 of the neity of iaw that I (w dge and belief they	e Arizona F ve) have ex	levised Statutes ha	ive been
Signa			jnature	A Property Review	المهمسي.	un 7	_
Title_	(Signator(s) must be duly author		tle <u>Se</u> te office		7 of this n	eport.)	<del></del>
	The second secon		<del>-</del> -	. ,		-6-2-44	

riesse cinter Corporation Name: ----

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