

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



02/11/2009 DUE ON OR BEFORE

FILING FEE

\$45.00

PLEASE READ ALL INSTRUCTIONS. 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.

HECEIAED

RECEIVED

-0866197-9 1. TORTOISE & THE HAIR ENTERPRISES INC. 4361 W OASIS DRIVE TUCSON, AZ 85742

APR 0 8 2009

FEB 2 4 2009

ARIZONA CORR COMMISSION CORPORATIONS DIVISION

AFIZONA CORR COMMISSION CORPORATIONS DIVISION

Business Phone: 520 - 825 - 7599	(Business phone is optional.)
State of Domicile: ARIZONA	Type of Corporation:

BUSINESS

Statutory Agent: SYLVIA C JACKALONE Mailing Address: 4361 W OASIS DRIVE City, State, Zip: TUCSON, AZ 85742

Statutory Agent's Street or Physical Address: Physical Address:

City, State, Zip:

ACC USE ONLY		
Fee	\$	
Penelty	\$	
Reinstat	4 \$	
Expedite	\$	
Resubm	ts	

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona.			
(Individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, hereby consunt to this appointment until my removal or resignation pursuant to law.			
Signeture of new Statutory Agent			

RECEIVED

Secondary Address:

(Foreign Corporations are REQUIRED to complete this section).

MAY 2 I 2009

anizona edhe edmmission Edhegrations eivibion

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

Printed Name of new Statutory Agent

BUSINESS CORPORATIONS		NON-PROFIT CORPORATIONS		
1. Accounting	20. Manufacturing	1. Charibble		
2. Advertising	21. Mining	2. Benevolent		
3. Aerospace	22. News Modia	3. Educational		
4. Agriculture	23. Pharmaceutical	4. Civic		
5. Architecture	24. Publishing/Printing	5. Political		
6. Sanking/Finance	25. Ranching/Livestock	6. Religious		
7. Barbers/Cosmolology	26. Real Estate	7. Social		
8. Construction	27. Restaurant/Bar	8. Literary		
	28. Retail Sales	9. Cultural		
10. Credit/Collection	29. Science/Research	10. Alhietic		
11. Education	30. Sports/Sporting Events	11. Solence/Research		
12. Engineering	31. Technology(Computers)	12. Hospital/Health Care		
13. Entertaloment	32. Technology(General)	13. Agricultural		
14. General Consulting	33. Television/Radio	14. Cooperative Marketing Associa		
15. Health Care	34. Tourism/Convention Services	15 Animal Husbandry		
16. Hotel/Motel	35. Transportation	16. Homeowner's Association		
17. import/Export	36. Utiliios	 Professional, commercial 		
18. Insurance	37. Veterinary Medicine/Animat Care	industrial or trade association		
19. Legal Services	38. Other	18 Other		

in the second of the second of

and the second of the second o

and the second s

where the second of the secon

5. CAPITALIZATION: (For-profit Corporations and Business Tru	ests are <u>REQUIRED</u> to complete this section.)
	cates held by trustees evidencing their beneficial interest in the trust
5a. Please examine the corporation's original Articles of Incor Number of Shares/Certificates Authorized 100 Cla	poration for the amount of shares authorized. Series Within Class (if any)
minutes for the number of shares issued.	riginal number of shares has changed. Examine the corporation's ass Common Series Within Class (if any)
List shareholders holding more than 20% of any class of share interest in the corporation. PLEASE TYPE OR PRINT	·
Name: Sylvia Jackglone	Name:
NONE U Name:	Name:
7. OFFICERS PLEASE TYPE OR PRINT CLEARLY	YOU MUST LIST AT LEAST ONE.
Name: Sylvia Jackalone	Name: Adam Jackalone
Title: President	Title: Secretary
Address: 4361 W. Casis Dr.	Address: 4361 W. Cario Dr.
Tueson, ag 85742	Turson, ay 85742
Date taking office: Jeh 2007	Date taking office: <u>Jelu 2007</u>
Name:	Name:
Title:	Title:
Address:	Address:
	· · · · · · · · · · · · · · · · · · ·
Date taking office:	Date taking office:
<u> </u>	YOU MUST LIST AT LEAST ONE.
Name: Sylvia Jackalone	Name:
Address: 4361 W. Casis M.	Address:
Lucson, an 85742	
Date taking office: Web 2007	Date taking office:
Name:	Name:
Address:	Address:
Date taking office:	Date taking office:

en in de la composition de la composit La composition de la La composition de la

COM MISSION ERS
KRISTIN K. MAYES - Chairman
GARY PIERCE
PAUL NEWMAN
SANDRA D. KENNEDY
BOB STIMP



MICHAEL P. KEARNS Interim Executive Director

LINDA FISHER
Director, Corporations Division

ARIZONA CORPORATION COMMISSION

CORPORATIONS DIVISION
1300 West Washington
Phoenix, Arizona 85007-2929

TORTOISE & THE HAIR ENTERPRISES INC. 4361 W OASIS DRIVE

TUCSON, AZ 85742

Effective Date: 05/12/2009

File No: -0866197-9

Original Due Date:

February 11, 2009

Received: 04/08/09

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

> Please date the signature on page 3, section 12.

IMPORTANT INFORMATION

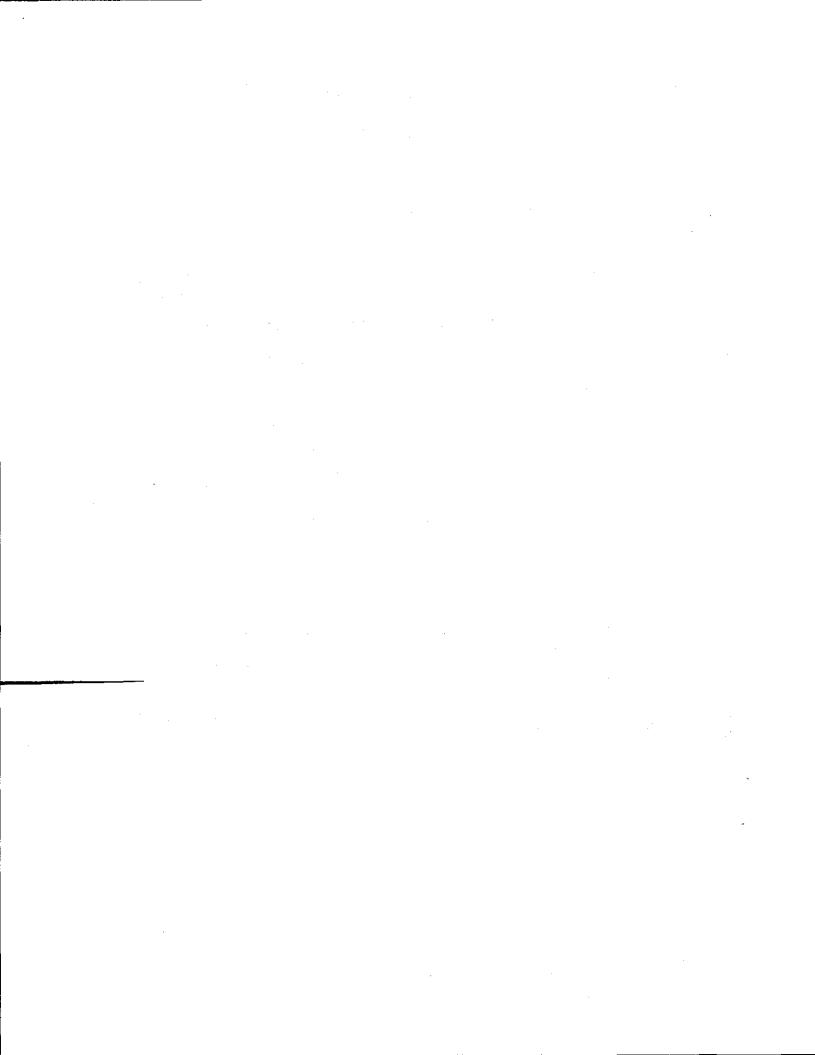
Please note: This annual report has not been approved, it is being returned to you for corrections which are listed above. If you wish to avoid additional penalties and possible administrative dissolution, this report must be returned within 30 days after the effective date of this notice to be deemed 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).
- Dilling fee, penalties, or reinstatement fee, if due.
- 4) Additional forms if required

AR: 0021

REV. 12/2556



Pleasé Enter Corporation Name:		File number_	Page 3
9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9)) Nonprofits — if your annual report is due on or before September 25 statement, balance sheet including assets, liabilities). If your nonprofit not required. Cooperative marketing associations must in all cases a from filling a financial statement no matter what date the annual report	annual n submit a t was due	eport is due after September 25, 2008, a financia financial statement. All other forms of corporatio	come/expense
ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUEST 9A. MEMBERS (A.R.S. §10-11622(A)(6)) This		ration DOES DOES NOT Dhave	members
 10. <u>CERTIFICATE OF DISCLOSURE</u> (A.R.S. §§ 10-202(D), 10-3202(I) A. Has any person who is currently an officer, director, trustee, incompanion than 10% of the Issued and outstanding common shares or 10% corporation been: 	rporator,	or who, in a For-profit corporation, controls or t	nolds more est in the
 Convicted of a felony involving a transaction in securities, consum year period immediately preceding the execution of this certificat Convicted of a felony, the essential elements of which consisted of monopoly in any state or federal jurisdiction within the seven yea Subject to an injunction, judgment, decree or permanent order immediately preceding execution of this certificate where such injunction of the requirities laws of the federal purisdiction, or (a) fraud or registration provisions of the securities laws of the consumer fraud laws of that jurisdiction, or (c) the antitrust or restraint of trade laws of that jurisdiction? 	te? ffraud, m ar period of any a unction, j	hisrepresentation, theft by false pretenses or restra Immediately preceding execution of this certific state or federal court entered within the sever udgment, decree or permanent order involved the	aint of trade or ate? n vear period
(c) and an action of the control of	<u>Or</u>	e box must be marked: YES	NO D
 if "YES" to A, the following information must be submitted as the actions stated in items 1 through 3 above. 1. Full birth name. 2. Full present name and prior names used. 3. Present home address. 4. All prior addresses for immediately preceding 7 year 			ne or more of ion or judicial public agency
period. B. Has any person who is currently an officer, director, trustee, incorpangle 20% of the issued and outstanding common shares, or 20% of ar corporation, served in any such capacity or held a 20% interest in other corporation? If "YES" to B, the following information must be submitted as a server of the corporation of the cor	ny other p n any oth On	proprietary, beneficial or membership interest in er corporation on the bankruptcy or receivership e box must be marked: YES	n the p of that
statement above. (a) Name and address of each corporation and the persons i (b) State(s) in which it: (i) was incorporated and (ii) transacto (c) Dates of corporate operation.			
11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§	10-1623	& 10-11623)	
 A. Has the <u>corporation</u> filed a petition for bankruptcy or appointed a ff "Yes" to A, the following information <u>must be submitted</u> as 1. All officers, directors, trustees and major stockholders of the appointment of a receiver. If a major stockholder is a corporate board of directors and major stockholders of such corporates possessing or controlling twenty per cent of the issued and or membership interest in the corporation. 	receiver an attace corpora rporation rate stoce	? One box must be marked: YES I hment to this report: tion within one year of filing the petition for bank, the statement shall list the current president, of wholder. "Major stockholder" means a shareholder."	kruptcy or chairman of der
 2. Whether any such person has been an officer, director, trus the bankruptcy or receivership of the other corporation. If so (a) Name and address of each corporation; (b) States in which it: (i) was incorporated and (ii) tran (c) Dates of operation. 	, for eaci	h such corporation give:	one year of
12. SIGNATURES: Annual Reports must be signed and dated I i declare, under penalty of perjury, that all corporate income tax retufiled with the Arizona Department of Revenue. I further declare und certificate, including any attachments, and to the best of my (our) is	rns requ er penal	lired by Title 43 of the Arizona Revised Statute ty of perjury that I (we) have examined this rep	s have been port and the
Name Sylvia (pokalow Date 5/18/0 Ran		Date	
ρ , ρ	nature_		
Title // Company Title (Signator(s) must be duly authorized corporate	officer(s) listed in section 7 of this report.)	<u>.</u>

audoment with the notification with the site of the site of the property of the solution of the site o

andere en la composition de la composit La composition de la La composition de la