STATE OF ARIZONA CORPORATION COMMISSION



CORPORATION ANNUAL REPORT

& CERTIFICATE OF DISCLOSURE



Number of Shares/Certificates Authorized

Caraling Sciences

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DUE ON OR BEFORE:05/16/2019 FILING FEE: 5 FLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11022 for all corporations organized pursuant to Arizons 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.

| State of Donkelle: AZ Type of Corporat State of Donkelle: AZ Type of Corporat Statutory Agent name and address (<i>MUST both</i> Kreet or physical address: 627 S 48TH STREET SU Notifing (if different than street): A <i>If appointing a new statutory agent, the new age</i> <i>I. (individual) or We (Corp.</i> <i>do hereby con</i> <i>do hereby con</i> <i>do hereby con</i> Check the one category below which best <i>deter</i> <u>MUNDESS COMPUTATIONS</u> _ 1. Anoming _ 35 Mantaning _ 2. Anoming _ 21 Mang | ODYESEY PROPESSIONAL CENTER UNIT OWNERS ASSOCIATION Att: VICTORIA PROPERTY MANAGEMENT LLC., 627 S 45TH ST #110, TEMPE, AZ #5 Bushees Email Address: Uon: Demestic Neuprestic Corporation A be in Arizonaly: KEN MATHESON UUTE 110, TEMPE, AZ #5281 ent MUST consent to the appointment by signing below: poration or limited liability company) having been designated the new Standary Agent. msent to this appointment until my removal or resignation pursuant to law. Bignature of new Statutory Agent Printed Name of new Statutory Agent d: foreign corporations must complete-see Instructions): ribes the CHARACTER OF BUBINESS of your corporation. MON_ERGENT CORPORATIONS |
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| 2. Statutory Agent name and address (<i>MUST both</i> Street or physical address: 627 S 44TH STREET St Noting (if different than street): 2.1 <i>If appointing a new statutory agent, the new age 1. (individual) or We (Corj do hereby con . Principal Office Address (street address regulate . Check the one category below which best_desce BUSDESS CORFORMATIONS _ 1. Accounts 35 Mantaning _ 3. Advantag _ 31 Mang }</i> | Iden: Domenic Namprofit Corporation A be in Arizona): KEN MATHIESON UNTE 110, TEMPE, AZ 85281 ent MUST consent to the appointment by signing below: porotion or limited Hability company) having been designated the new Statutory Agent. nsent to this appointment until my removal or resignation pursuant to law. Bignature of new Statunory Agent Printed Name of new Statunory Agent ribes the CHARACTER OF BUBINESS of your corporation. MOM-ENGLU CORPORATIONS |
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| SILAREHOLDERS: (For-profil corporations and Business Trusts are <u>REOURED</u> to | complete this section) | | | |
| List shareholders bolding more than 20% of any class of shares issued by the corporation. A | | cial interest in the corporation. me: | | |
| Na | ne: Na | me: | | |
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| DEFICERS (both name and address required); | | | | |
| esideat: CAROLYN R MEEK - 1144 E CACTUS RD STE 340, SCOTTSDALE, AZ 1 creary: MARK ROHDE - 1124 E CACTUS RD STE 410, SCOTTSDALE, AZ 85266 assure:: DARREN SIGRIST - 81 10 E CACTUS RD STE 100, SCOTTSDALE, AZ 85 cc-President: BRUCE USHER - 81 34 E CACTUS RD STE 600, SCOTTSDALE, AZ 1 | USA Date of Taking Office 60, USA Date of Taking Of | 12454617 12/11/18 | | |
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| DIRECTORS (both nume and address reanired); | | | | |
| rector: MANNY DEMIGUEL - 8124 E: CACTUS RD STE 420, SCOTTSDALE, AZ 8 | 260, USA Date of Taking O | ntice: 134922916- 1 = /11 /1 8 | | |
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If "YES" to A, 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 birth neroe.

- 2. Full present name and prior names used,
- 3. Present home address.
- 4. All prior addresses for immediately proceeding 7 year period.
- 5. Date and location of birth.
- 6. 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 cause.

B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and sutstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the surporation, served in any such capacity or hold a 20% interest in any other corporation on the bankruptcy or receivenship of that other corporation?

One bes must be marked: YES OND

If "YES" to B, the following information goast be submitted as an attachment to this report for each corporation subject to the statement above.

(a) Name and address of each corporation and the persons involved.

(b) State(s) in which it: (i) was incorporated and (ii) transacted business.

(c) Dates of corporate operation.

12. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. # 10-11623 & 10-11623)

A. Has the carporation field a petition for bankraptcy or appointed a receiver? One ban must be marked: VES INO S

If "Yes" to A, the following information must be submitted as an attachment to this report:

1.All officers directors, trustees and major stockholders of the corporation within one year of filing the petition for bankrupscy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and stujor stockholders of such corporate stockholder "Major stockholder" shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.

2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:

(a) Name and address of each corporation;

(b) States in which it: (i) was incorporated and (ii) transacted business.

(c) Dates of openation.

13. SIGNATURES:

I/we declare, under penalty of perjury, 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/we further declare under penalty of perjury that I/we have examined this report and the certificate, including any attackments, and to the best of my/wer knowledge and belief they are true, correct and complete.

Printed Name Carolyn R. Meek Printed Name

Signature Carolyn & Mule Signature_ Tile President Date 5 4 19 Tile Date

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