



**CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE**

AZ Corp. Commission



02473592

**DUE ON OR BEFORE 04/08/2008**

**FY07-08**

**F.**

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.

1. -0127443-1  
BARCELONA MANOR ASSOCIATION, INC.  
% ADAM, LLC  
516 FORT LOWELL RD  
TUCSON, AZ 85705

**RECEIVED**

JUN 25 2008

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

**RECEIVED**

MAY 07 2008

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Business Phone: \_\_\_\_\_ (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Statutory Agent: WILLIAM MAGUIRE  
Mailing Address: % ADAM LLC  
516 FORT LOWELL RD  
City, State, Zip: TUCSON, AZ 85705

Physical Address, If Different.

Physical Address: 3055 N CAMPBELL #113  
City, State, Zip: TUCSON, AZ 85719

**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.*

\_\_\_\_\_  
Signature of new Statutory Agent

\_\_\_\_\_  
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**

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

**NON-PROFIT CORPORATIONS**

- |                                                                                          |
|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Charitable                                                   |
| <input type="checkbox"/> 2. Benevolent                                                   |
| <input type="checkbox"/> 3. Educational                                                  |
| <input type="checkbox"/> 4. Civic                                                        |
| <input type="checkbox"/> 5. Political                                                    |
| <input type="checkbox"/> 6. Religious                                                    |
| <input type="checkbox"/> 7. Social                                                       |
| <input type="checkbox"/> 8. Literary                                                     |
| <input type="checkbox"/> 9. Cultural                                                     |
| <input type="checkbox"/> 10. Athletic                                                    |
| <input type="checkbox"/> 11. Science/Research                                            |
| <input type="checkbox"/> 12. Hospital/Health Care                                        |
| <input type="checkbox"/> 13. Agricultural                                                |
| <input type="checkbox"/> 14. Animal Husbandry                                            |
| <input checked="" type="checkbox"/> 15. Homeowner's Association                          |
| <input type="checkbox"/> 16. Professional, commercial<br>industrial or trade association |
| <input type="checkbox"/> 17. Other _____                                                 |

1. The following information was obtained from a confidential source who has provided reliable information in the past.

2. The information was obtained from a confidential source who has provided reliable information in the past.

3. The information was obtained from a confidential source who has provided reliable information in the past.

4. The information was obtained from a confidential source who has provided reliable information in the past.

**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)

**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)

**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. **Please Type or Print Clearly.**

**NONE** ☒ Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

**7. OFFICERS** Please Type or Print Clearly. You Must List at Least One.

Name: George Hofmeister Name: \_\_\_\_\_

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

Address: ADAM, LLC Address: \_\_\_\_\_

516 E. Fort Lowell Rd.  
Tucson, AZ 85705

Date taking office: 1/2007 Date taking office: \_\_\_\_\_

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

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

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

Name: Liz Nicoletti Name: \_\_\_\_\_

Address: ADAM, LLC Address: \_\_\_\_\_

516 E. Fort Lowell Rd.  
Tucson, AZ 85705

Date taking office: 1/2007 Date taking office: \_\_\_\_\_



# BARCELONA MANOR

Page: 1

Income/Expense Statement  
Period: 01/01/08 to 12/31/08

| Current Period          |            |              | Year-To-Date |                           |            | Yearly     |              |            |
|-------------------------|------------|--------------|--------------|---------------------------|------------|------------|--------------|------------|
| Actual                  | Budget     | Variance     | Account      | Description               | Actual     | Budget     | Variance     | Budget     |
| INCOME:                 |            |              |              |                           |            |            |              |            |
| 223,411.96              | 482,723.04 | (259,311.08) | 06310        | Association Dues          | 223,411.96 | 482,723.04 | (259,311.08) | 482,723.04 |
| 48,903.00               | 96,544.60  | (47,641.60)  | 06313        | Roofing Assessment        | 48,903.00  | 96,544.60  | (47,641.60)  | 96,544.60  |
| 357.25                  | .00        | 357.25       | 06314        | Insurance Assessment      | 357.25     | .00        | 357.25       | .00        |
| 1,876.13                | .00        | 1,876.13     | 06315        | Dues                      | 1,876.13   | .00        | 1,876.13     | .00        |
| 250.00                  | 960.00     | (710.00)     | 06316        | Clubhouse                 | 250.00     | 960.00     | (710.00)     | 960.00     |
| .00                     | 120.00     | (120.00)     | 06325        | NSF Fees Charge           | .00        | 120.00     | (120.00)     | 120.00     |
| 6,245.02                | 2,400.00   | 3,845.02     | 06340        | Late Fee Income           | 6,245.02   | 2,400.00   | 3,845.02     | 2,400.00   |
| 54.97                   | .00        | 54.97        | 06430        | Assmts. Paid in Advance   | 54.97      | .00        | 54.97        | .00        |
| 5,448.64                | 9,600.00   | (4,151.36)   | 06810        | Laundry Income            | 5,448.64   | 9,600.00   | (4,151.36)   | 9,600.00   |
| 11.92                   | 1,500.00   | (1,488.08)   | 06910        | Interest Income           | 11.92      | 1,500.00   | (1,488.08)   | 1,500.00   |
| 286,558.89              | 593,847.64 | (307,288.75) |              | Subtotal Income           | 286,558.89 | 593,847.64 | (307,288.75) | 593,847.64 |
| EXPENSES                |            |              |              |                           |            |            |              |            |
| Administrative Expenses |            |              |              |                           |            |            |              |            |
| 18,044.74               | 31,200.00  | 13,155.26    | 07010        | Management Fees           | 18,044.74  | 31,200.00  | 13,155.26    | 31,200.00  |
| 3,450.00                | 7,800.00   | 4,350.00     | 07015        | Mgt. On-Site / Admin.     | 3,450.00   | 7,800.00   | 4,350.00     | 7,800.00   |
| 1,160.00                | 350.00     | (810.00)     | 07020        | Accounting Fees           | 1,160.00   | 350.00     | (810.00)     | 350.00     |
| .00                     | 125.00     | 125.00       | 07140        | Bank Service Charges      | .00        | 125.00     | 125.00       | 125.00     |
| 462.76                  | 600.00     | 137.24       | 07160        | Postage & Delivery        | 462.76     | 600.00     | 137.24       | 600.00     |
| 1,265.76                | 1,000.00   | (265.76)     | 07250        | Printing & Reproduction   | 1,265.76   | 1,000.00   | (265.76)     | 1,000.00   |
| 433.39                  | 720.00     | 286.61       | 07260        | Telephone                 | 433.39     | 720.00     | 286.61       | 720.00     |
| 300.00                  | 750.00     | 450.00       | 07280        | Legal Fees                | 300.00     | 750.00     | 450.00       | 750.00     |
| 868.00                  | 960.00     | 92.00        | 07405        | Coupon Books              | 868.00     | 960.00     | 92.00        | 960.00     |
| .00                     | 500.00     | 500.00       | 07410        | Professional Fees         | .00        | 500.00     | 500.00       | 500.00     |
| 5,520.00                | 28,000.00  | 22,480.00    | 07430        | Temporary Labor           | 5,520.00   | 28,000.00  | 22,480.00    | 28,000.00  |
| 284.12                  | 500.00     | 215.88       | 07450        | Activity committee        | 284.12     | 500.00     | 215.88       | 500.00     |
| 40.00                   | 500.00     | 460.00       | 07890        | Misc. G & A               | 40.00      | 500.00     | 460.00       | 500.00     |
| 31,828.77               | 73,005.00  | 41,176.23    |              | Administrative Expenses   | 31,828.77  | 73,005.00  | 41,176.23    | 73,005.00  |
| Insurance               |            |              |              |                           |            |            |              |            |
| 19,374.48               | 47,000.00  | 27,625.52    | 08030        | Insurance                 | 19,374.48  | 47,000.00  | 27,625.52    | 47,000.00  |
| 633.60                  | 1,200.00   | 566.40       | 08040        | Automobile                | 633.60     | 1,200.00   | 566.40       | 1,200.00   |
| 4,707.00                | 10,800.00  | 6,093.00     | 08050        | Employee Health           | 4,707.00   | 10,800.00  | 6,093.00     | 10,800.00  |
| .00                     | 1,200.00   | 1,200.00     | 08060        | Insurance Claim Avoidance | .00        | 1,200.00   | 1,200.00     | 1,200.00   |
| 24,715.08               | 60,200.00  | 35,484.92    |              | Insurance                 | 24,715.08  | 60,200.00  | 35,484.92    | 60,200.00  |
| General Overhead        |            |              |              |                           |            |            |              |            |
| .00                     | 250.00     | 250.00       | 08210        | Licenses and Permits      | .00        | 250.00     | 250.00       | 250.00     |
| 54,052.42               | 130,000.00 | 75,947.58    | 08220        | Payroll Expenses          | 54,052.42  | 130,000.00 | 75,947.58    | 130,000.00 |
| .00                     | 250.00     | 250.00       | 08235        | Signs                     | .00        | 250.00     | 250.00       | 250.00     |
| 500.00                  | .00        | (500.00)     | 08240        | Donations                 | 500.00     | .00        | (500.00)     | .00        |



# BARCELONA MANOR

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Income/Expense Statement  
Period: 01/01/08 to 12/31/08

| Current Period        |            |             | Account | Description                | Year-To-Date |            |             | Yearly Budget |
|-----------------------|------------|-------------|---------|----------------------------|--------------|------------|-------------|---------------|
| Actual                | Budget     | Variance    |         |                            | Actual       | Budget     | Variance    |               |
| .00                   | 25.00      | 25.00       | 08250   | Property Taxes             | .00          | 25.00      | 25.00       | 25.00         |
| 216.57                | 50.00      | (166.57)    | 08260   | Federal Income Tax         | 216.57       | 50.00      | (166.57)    | 50.00         |
| 55.69                 | 25.00      | (30.69)     | 08280   | State Income Tax           | 55.69        | 25.00      | (30.69)     | 25.00         |
| 54,824.68             | 130,600.00 | 75,775.32   |         | General Overhead           | 54,824.68    | 130,600.00 | 75,775.32   | 130,600.00    |
| Maintenance & Repairs |            |             |         |                            |              |            |             |               |
| 1,021.95              | .00        | (1,021.95)  | 08500   | Maintenance & Repairs      | 1,021.95     | .00        | (1,021.95)  | .00           |
| 6,103.02              | 1,200.00   | (4,903.02)  | 08510   | Landscaping                | 6,103.02     | 1,200.00   | (4,903.02)  | 1,200.00      |
| 1,296.02              | 3,600.00   | 2,303.98    | 08520   | Pool & Recreation          | 1,296.02     | 3,600.00   | 2,303.98    | 3,600.00      |
| 3,283.00              | 2,400.00   | (883.00)    | 08530   | Exterminating              | 3,283.00     | 2,400.00   | (883.00)    | 2,400.00      |
| .00                   | 600.00     | 600.00      | 08550   | Electrical                 | .00          | 600.00     | 600.00      | 600.00        |
| 7,890.14              | 14,000.00  | 6,109.86    | 08560   | Rubbish Removal            | 7,890.14     | 14,000.00  | 6,109.86    | 14,000.00     |
| 1,575.75              | 3,000.00   | 1,424.25    | 08570   | Uniforms                   | 1,575.75     | 3,000.00   | 1,424.25    | 3,000.00      |
| 16,380.95             | 5,000.00   | (11,380.95) | 08580   | Plumbing                   | 16,380.95    | 5,000.00   | (11,380.95) | 5,000.00      |
| .00                   | 1,200.00   | 1,200.00    | 08590   | Equipment Rental           | .00          | 1,200.00   | 1,200.00    | 1,200.00      |
| 180.00                | 3,000.00   | 2,820.00    | 08610   | Carpet                     | 180.00       | 3,000.00   | 2,820.00    | 3,000.00      |
| 5,000.00              | 18,500.00  | 13,500.00   | 08620   | Cleaning Service           | 5,000.00     | 18,500.00  | 13,500.00   | 18,500.00     |
| .00                   | 960.00     | 960.00      | 08660   | Fire Safety Expenses       | .00          | 960.00     | 960.00      | 960.00        |
| 14,035.91             | 36,000.00  | 21,964.09   | 08710   | General R&M/Supplies       | 14,035.91    | 36,000.00  | 21,964.09   | 36,000.00     |
| .00                   | 720.00     | 720.00      | 08720   | HVAC                       | .00          | 720.00     | 720.00      | 720.00        |
| 330.00                | 800.00     | 470.00      | 08740   | Cell Phone                 | 330.00       | 800.00     | 470.00      | 800.00        |
| 57,096.74             | 90,980.00  | 33,883.26   |         | Maintenance & Repairs      | 57,096.74    | 90,980.00  | 33,883.26   | 90,980.00     |
| Utilities             |            |             |         |                            |              |            |             |               |
| 15,905.57             | 30,000.00  | 14,094.43   | 08910   | Electricity                | 15,905.57    | 30,000.00  | 14,094.43   | 30,000.00     |
| 63,791.36             | 99,000.00  | 35,208.64   | 08930   | Water & Sewer              | 63,791.36    | 99,000.00  | 35,208.64   | 99,000.00     |
| 41,954.53             | 68,000.00  | 26,045.47   | 08950   | Gas                        | 41,954.53    | 68,000.00  | 26,045.47   | 68,000.00     |
| 121,651.46            | 197,000.00 | 75,348.54   |         | Utilities                  | 121,651.46   | 197,000.00 | 75,348.54   | 197,000.00    |
| Other Expenses        |            |             |         |                            |              |            |             |               |
| 11,605.27             | 30,000.00  | 18,394.73   | 09900   | Roofing                    | 11,605.27    | 30,000.00  | 18,394.73   | 30,000.00     |
| 11,605.27             | 30,000.00  | 18,394.73   |         | Other Expenses             | 11,605.27    | 30,000.00  | 18,394.73   | 30,000.00     |
| 301,722.00            | 581,785.00 | 280,063.00  |         | TOTAL EXPENSES             | 301,722.00   | 581,785.00 | 280,063.00  | 581,785.00    |
| (15,163.11)           | 12,062.64  | (27,225.75) |         | NET INCOME FROM OPERATIONS | (15,163.11)  | 12,062.64  | (27,225.75) | 12,062.64     |
| RESERVE TRANSFERS     |            |             |         |                            |              |            |             |               |
| .00                   | 12,062.64  | 12,062.64   | 09960   | Reserve Transfers          | .00          | 12,062.64  | 12,062.64   | 12,062.64     |



# BARCELONA MANOR

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Income/Expense Statement  
Period: 01/01/08 to 12/31/08

| Current Period |           |             | Account | Description             | Year-To-Date |           |             | Yearly Budget |
|----------------|-----------|-------------|---------|-------------------------|--------------|-----------|-------------|---------------|
| Actual         | Budget    | Variance    |         |                         | Actual       | Budget    | Variance    |               |
| .00            | 12,062.64 | 12,062.64   |         | Total Reserve Transfers | .00          | 12,062.64 | 12,062.64   | 12,062.64     |
| (15,163.11)    | .00       | (15,163.11) |         | NET INCOME (LOSS)       | (15,163.11)  | .00       | (15,163.11) | .00           |
| =====          | =====     | =====       |         |                         | =====        | =====     | =====       | =====         |



**COMMISSIONERS**  
MIKE GLEASON - Chairman  
WILLIAM A. MUNDELL  
JEFF HATCH-MILLER  
KRISTIN K. MAYES  
GARY PIERCE



**ARIZONA CORPORATION COMMISSION**

**BRIAN C. MCNEIL**  
Executive Director  
  
**LINDA FISHER**  
Director, Corporations Division

CORPORATIONS DIVISION  
1300 West Washington  
Phoenix, Arizona 85007-2929

**BARCELONA MANOR ASSOCIATION, INC.**  
**% ADAM, LLC**  
**516 FORT LOWELL RD**

**TUCSON, AZ 85705**

Effective Date: **06/18/2008**  
File No: **-0127443-1**

Original Due Date: **April 8, 2008**

Received: **05/07/08**

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

- > Please see page 3, section 9 of the annual report for Financial Disclosure requirements. Non profit corporations must attach a statement of financial condition (Example: income/expense statement or a balance sheet that lists assets and liabilities).

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, like the Affidavit of Publication.

AR: 0021  
REV. 03/2008



**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)**

Nonprofit corporations **must attach** a financial statement (e.g. income/expence 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; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |                                                                                                                                                                             |

**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 George Hofmeister Date 5/1 May/08 Name                      Date                     

Signature President Signature                     

Title                      Title                     

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

