## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AN
Secretary of State

	AMINOAL	KEL OILI	,	<del>-,</del> .	Soo	votowy o	f Stata
1. Entity Nam	MENT # F040000032 ne . n finance, inc.	92			Sec	retary o	i State
Principal Plac	e of Business	Mailing Address	·	7			
2280 S. XANADU WAY, #380 AURORA, CO 80014		2280 S. XANADU WAY, #380 AURORA, CO 80014				,	
				1 18702100 1211	#### <b>#</b> #### <b>##</b> ######################		E 178   B 27 11   B 21
	Company of the Compan						
				04152006	No Chg-P	CR2E034 (11/0	5)
	O NOT WRITE	IN THIS SPA	CE	. 4. FEI Numbe			Applied For
	A CONTRACTOR OF THE PROPERTY O		de la	84-140	7263		Not Applicable
			Andrews of the second second	5. Certificate	of Status Desired	☐ \$8.75 / Fee Requ	
	6. Name and Address of Current Re	gistered Agent	l Division	4	att Ap. Allier	in a night of	و دغر و المساومين
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					NOT W		
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the obligat	tions of registered agent.  Signature, typed or printed name of registered agent and		ed Agent agnature require		U00000 - 05/06/06	80117-002	150.MO
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	S. Election Campaign Final     Trust Fund Contribution.		5.00 May Be ded to Fees			
10.	OFFICERS AND DI	RECTORS					· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP STEWART, RICHARD J 2280 S. XANADU WAY, #380 AURORA, CO 80014						
TITLE NAME STREET ADDRESS	DVPS STEWART, TERRY J 2280 S. XANADU WAY, #380						
CITY ST-ZIP	AURORA, CO 80014				والمستري والمراز والمستري والمستري		그 그렇게 하다.
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DQ	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		t I	And the second s	IN.	THIS SF	ACE	e de la companya de l
TITLE NAME STREET ADDRESS CITY-ST-71P			44.924				

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that/am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addresse with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/06 303-368