2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000002781

ASPEN RETIREMENT CORP.



FILED May 01, 2006 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

252 CLAYTON STREET, 4TH FLOOR

DENVER, CO 80206

Mailing Address

252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206



DO NOT WRITE IN THIS SPACE

04242006	No Chg-P	CR2E034 (11/05)			
4. FEI Number	r		Applied For		
84-1308	646		Not Applicat		
5. Certificate o	of Status Desired		\$8.75 Additional Fee Required		

Dayimie Phone #

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above the obligate	named entity submits this statement for the puons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and ac-
SIGNATURE.	Signature, typed or printed harme of registered eigent end dire if	applicable (NOTE-Registered	Agent signature	s reduced when constaing)	DAIL
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution,			
10.	OFFICERS AND DIREC	TORS			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP JACOBS, ROBERT 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 80206				U00000556063 05/16/06-90058-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORLEY, DAVID 252 CLAYTON STREET, 4TH FLOOR DENVER, CO 60206				<u>-</u>
TITLE NAME STREET AOURESS CITY-ST-ZIP	\			DO	DO NOT WRITE
title Name Stiget Address City-St-Zip				IN	THIS SPACE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and according that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR