



**ANNUAL REPORT**  
State Form 37149 (R4 / 4-12)

**CONNIE LAWSON**  
**INDIANA SECRETARY OF STATE**  
**SECURITIES DIVISION**  
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Indianapolis, Indiana 46204  
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ISSUER'S NAME \_\_\_\_\_  
REGISTRATION NUMBER \_\_\_\_\_

Required by 710 IAC 4-5-1 to be filed within ninety (90) days after the close of the issuer's fiscal year. This form is not required if Affidavit of Termination (State Form 39859) has been previously filed.

SECURITIES REGISTERED IN INDIANA

That the following is a complete and correct statement of issuer's securities now registered in Indiana, and the amount sold under such registration: (*State number of units and aggregate sale price*).

<u>Registered</u>	<u>Units</u>	<u>Amount</u>	<u>Sold</u>	<u>Units</u>	<u>Amount</u>
Common Stock	_____	\$ _____	Common Stock	_____	\$ _____
Preferred Stock	_____	\$ _____	Preferred Stock	_____	\$ _____
Bonds	_____	\$ _____	Bonds	_____	\$ _____
Trust Units	_____	\$ _____	Trust Units	_____	\$ _____
Other Securities	_____	\$ _____	Other Securities	_____	\$ _____

Number of options and warrants outstanding: \_\_\_\_\_

Has registration, license, or application to sell securities in any other state been revoked, canceled, suspended, or withdrawn?  Yes  No Attach copies of all Orders revoking, canceling, or suspending application to sell securities.

Has any change been made since issue was registered, in the nature or plan of doing business, or in the sale price or per cent of sales commission? \_\_\_\_\_

If so, explain fully: \_\_\_\_\_

In what other states are said securities registered? \_\_\_\_\_

The following are the present officers and directors of this corporation (*Attach additional sheets if necessary*):

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u> ( <i>number &amp; street, city, state &amp; zip code</i> )
President:	_____	_____
Vice-President:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u> ( <i>number &amp; street, city, state &amp; zip code</i> )
Directors:	(1) _____	_____
	(2) _____	_____
	(3) _____	_____
	(4) _____	_____
	(5) _____	_____

I hereby verify that the statements contained herein and attached hereto are true.

\_\_\_\_\_  
Issuer

By: \_\_\_\_\_  
President or Vice-President

Attest: \_\_\_\_\_  
Secretary or Assistant Secretary