



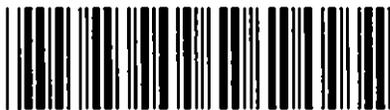
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 119009		2. Name of Corporation Stuart Allan & Associates, Inc.			
3. Street Address Principal Business Office 5447 E. 5th St. # 110			City Tucson	State Arizona	Zip 85711
4. Business Phone No. (800) 880-5400		5. State of Incorporation ARIZONA		6. SIC Code 7799	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSUMER AND COMMERCIAL DEBT RECOVERY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stuart M. Spivack			Vice President Name Allan Parcelluzzi		
Street Address 5447 E. 5th St. # 110			Street Address 5447 E. 5th St. # 110		
City Tucson	State Arizona	Zip 85711	City Tucson	State Arizona	Zip 85711
Secretary Name MAC IAGO			Treasurer Name Allan Parcelluzzi		
Street Address 5447 E. 5th St. # 110			Street Address 5447 E. 5th St. # 110		
City Tucson	State ARIZONA	Zip 85711	City Tucson	State ARIZONA	Zip 85711
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stuart M. Spivack			Director Name Allan Parcelluzzi		
Street Address 5447 E. 5th St. # 110			Street Address 5447 E. 5th St. # 110		
City Tucson	State ARIZONA	Zip 85711	City Tucson	State ARIZONA	Zip 85711
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,000	COMM	\$1.00	420,000	Comm	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



119009

File Date 1-11-05
Check No. 29435
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date Jan 4th, 2005
Print or Type Name of Officer Allan Parcelluzzi
Title of Officer Vice-President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119009		2. Name of Corporation Stuart Allan & Associates, Inc DBA S.S.A. Collections of Tucson, Inc.			
3. Street Address Principal Business Office 5447 E. 5th St. # 110			City Tucson	State AZ	Zip 85711
4. Business Phone No. 520.881.5900		5. State of Incorporation Arizona			6. SIC Code 7799
7. Brief Description of the Character of Business Conducted in Rhode Island Commercial Collections					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stuart M. Spivack			Vice President Name Allan Parcelluzzi		
Street Address 5447 E. 5th St. # 110			Street Address 5447 E. 5th St. # 110		
City Tucson	State AZ	Zip 85711	City Tucson	State AZ	Zip 85711
Secretary Name Mac Iago			Treasurer Name Allan Parcelluzzi		
Street Address 5447 E. 5th St. # 110			Street Address 5447 E. 5th St. # 110		
City Tucson	State AZ	Zip 85711	City Tucson	State AZ	Zip 85711
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stuart M. Spivack			Director Name Allan Parcelluzzi		
Street Address 5447 E. 5th # 110			Street Address 5447 E. 5th St. # 110		
City Tucson	State AZ	Zip 85711	City Tucson	State AZ	Zip 85711
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,000	Common	\$1.00	None	None	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 9 0 0 9

File Date 9-20-04
Check No. 28604
By: AK
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer _____ Date 9-16-04
Allan Parcelluzzi
Print or Type Name of Officer
Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 119009 2. Name of Corporation Stuart Allan & Associates, Inc.

3. Street Address Principal Business Office 5449 E. 5th St. # 110 City Tucson State Arizona Zip 85711

4. Business Phone No. 800.880.5400 5. State of Incorporation ARIZONA 6. SIC Code 7799

7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance, Surety, Premium Finance Recovery, Commercial, Consumer and Medical Recovery

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Stuart M. Spivack
Vice President Name: Allan Parcelluzzi

Street Address: 5447 E. 5th St. # 110
City: Tucson State: Arizona Zip: 85711

Secretary Name: Patricia Cheney
Treasurer Name: Allan Parcelluzzi

Street Address: 5447 E. 5th St. # 110
City: Tucson State: Arizona Zip: 85711

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Director Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000,000 COMM	\$1.00 PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
420,000	Comm	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 0 0 9 *

File Date: 5-8-03
Check No.: 5769
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2-6-03
Signature of Officer Date
Allan Parcelluzzi
Print or Type Name of Officer
Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **119009** 2. Name of Corporation **BONDED COLLECTIONS OF TUCSON, INC.**
3. Street Address Principal Business Office **5447 E 5TH STREET SUITE 110** City **TUCSON** State **AZ** Zip **85711**
4. Business Phone No. **(520) 881-5900** 5. State of Incorporation **ARIZONA** 6. SIC Code **7799**

7. Brief Description of the Character of Business Conducted in Rhode Island
COLLECTIONS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name STUART SPIVACK	Vice President Name ALLAN PARCELLUZZI
Street Address 5447 E 5TH ST SUITE 110	Street Address 5447 E 5TH STREET SUITE 110
City State Zip TUCSON AZ 85711	City State Zip TUCSON AZ 85711
Secretary Name TRISH CHENEY	Treasurer Name ALLAN PARCELLUZZI
Street Address 5447 E 5TH STREET SUITE 110	Street Address SAME AS ABOVE
City State Zip TUCSON AZ 85711	City State Zip SAME AS ABOVE

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name STUART SPIVACK	Director Name ALLAN PARCELLUZZI
Street Address SAME AS ABOVE	Street Address SAME AS ABOVE
City State Zip TUCSON AZ 85711	City State Zip TUCSON AZ 85711
Director Name TRISH CHENEY	Director Name ALLAN PARCELLUZZI
Street Address SAME AS ABOVE	Street Address SAME AS ABOVE
City State Zip TUCSON AZ 85711	City State Zip TUCSON AZ 85711

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000,000	COMM	\$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
420,000	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 0 0 9 *

File Date: 4-22-02
Check No.: 5553
By: KM

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 4-18-02
Signature of Officer Date
Allan Parcelluzzi
Print or Type Name of Officer
Vice President
Title of Officer