## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Informa	tion						
For	calend	ar plan year 2009 or fis	cal plan year beginning	01/01/200	9	and ending	12/31/	2009		
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This ret	turn/report is for:	first return/report		final retur	n/report		_		
			an amended return/repo	ort	short plar	year return/report (less than 12 m	onths)			
C	Chack I	box if filing under:	Form 5558	F	]	extension	,	DFVC program		
Ü	special extension (enter description)							_ 51 vo program		
D	ort II	Pacia Blan Infor	<u> </u>		,					
	art II Name		mation—enter all request	ea intorm	ation		1h	Three-digit		
			S PROFIT SHARING AND 4	.01(K) PL	ΔN		10	plan number		
	,	CETHICEMENT OF WINTON		01(11)11 2				(PN) • 001		
							1c	Effective date of plan		
								01/01/2005		
		ponsor's name and add	Iress (employer, if for single-	employer	plan)		2b	Employer Identification Number		
EU3	, INC.						20	(EIN) 05-0588204 Plan sponsor's telephone number		
2560	) WHISE	PERING OAKS LANE					-0	866-574-0737		
DEL	RAY BE	EACH, FL 33445					2d	Business code (see instructions)		
2-					. "0		21-	561720		
	Pian a , INC.	dministrator's name and	d address (if same as Plan s		enter "Same PERING OA		30	Administrator's EIN 05-0588204		
	,				ACH, FL 3		3c	Administrator's telephone number		
								866-574-0737		
4						port filed for this plan, enter the	4b	EIN		
	name, i	Elin, and the plan numb	er from the last return/report	t. Sponso	or s name		4c	PN		
5a	Total number of participants at the beginning of the plan year					5a	10			
b							23			
С						vear (defined benefit plans do not	0.0			
		· · ·						6		
6a	Were	all of the plan's assets	during the plan year investe	d in eligib	ole assets?	(See instructions.)		X Yes No		
b						ndent qualified public accountant (I		X Yes □ No		
			•			ions.)SF and must instead use Form 5		A les [] No		
Pá	art III	Financial Inform		iot use i	01111 3300	or and must instead use i orm t				
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year		
a					. 7a	1408	61	187000		
		plan liabilities			. 7b		0	0		
С	Net pl	an assets (subtract line	7b from line 7a)			1408	61	187000		
8	-	ne, Expenses, and Trans	•			(a) Amount		(b) Total		
а		ibutions received or rec				(3) 1 3312 3311		(iii) ve iiii		
	(1) E	mployers			. 8a(1)	98	00			
	<b>(2)</b> P	articipants			. 8a(2)	220	00			
	<b>(3)</b> O	thers (including rollover	s)		. 8a(3)					
b	Other	income (loss)			. 8b	143	39			
С		, , ,	, 8a(2), 8a(3), and 8b)		. 8c			46139		
d			t rollovers and insurance pre		8d					
е			ctive distributions (see instru		. 8e					
f			ers (salaries, fees, commissi	,						
g		·		,						
h		•	, 8e, 8f, and 8g)							
i			ne 8h from line 8c)					46139		
i		` , `	see instructions)				1010			
J										

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2K 3D

D I	rtn	e pian provides weirare benefits, enter the applicable weirare featur	re codes from the L	list of Plan Charac	cteris	ic Co	ies in	ine instruct	ions:	
Part '	٧	Compliance Questions								
10	Dui	ing the plan year:		_		Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)		'	10b		X			
С	<b>C</b> Was the plan covered by a fidelity bond?									15000
		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other peurance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e		X			
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		X			
		is is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X			
		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part \	۷I	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							Пур	X No
		0))his a defined contribution plan subject to the minimum funding requi							Yes	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1 412 01 1110 0000	01 00	otion	002 01	LINO/N	ш	ш
а	lf a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar							-
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			h		Day		Year	
		er the minimum required contribution for this plan year	,	•			12b			
		er the amount contributed by the employer to the plan for this plan y					12c			
d	Sub	stract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left o	of a		12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part \	۷II	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?					Yes	X No
	lf "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
		re all the plan assets distributed to participants or beneficiaries, tran ne PBGC?	nsferred to another	plan, or brought u	ınder	the co	ntrol		Yes	No X
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	e pla	n(s) to				
13	3c(1	) Name of plan(s):				13	c(2) El	N(s)	13c(3	<b>8)</b> PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	0/12/2010	DAVID G. BOLZ						
HERE Signature of plan administrator Date Enter name of individual signing as plan						s plan admi	inistrator			

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

> Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	rt   Annual Report Identification Information									
For	For calendar plan year 2009 or fiscal plan year beginning and ending									
АТ	his return/report is for:	multiple-er	nployer plan (not multiemployer)	one-participa	one-participant plan					
Вт	his return/report is for: first return/report	final return								
	an amended return/report	short plan								
C	Check box if filing under: X Form 5558	automatic		125	DFVC program					
•	special extension (enter description									
Do		. 60		_						
	rt II Basic Plan Information—enter all requested information—	ation		1h	Three-digit					
	INC. RETIREMENT SAVINGS PROFIT SHARING AND 401(K) PLA	AN	1	10	plan number					
200,	ING. RETREMENT ON MIGG PROTE GUARMING AND 40 (IX) PE	214			(PN) <b>•</b>	001				
				1c	Effective date of					
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identi					
EC3,		piani			(EIN) 05-058					
0.000	WW. C.			2c	Plan sponsor's t 866-57	elephone number				
10000000	WHISPERING OAKS LANE BAY BEACH FL 33445			2d		see instructions)				
10.00					561720					
3a SAME	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	")	3b	Administrator's EIN 05-0588204					
				3с	Administrator's 866-57	telephone number 4-0737				
4 If	the name and/or EIN of the plan sponsor has changed since the las	st return/rep	port filed for this plan, enter the	4b	EIN					
n	ame, EIN, and the plan number from the last return/report. Sponso	r's name								
-				4c	PN					
	Total number of participants at the beginning of the plan year			5a		10 23				
	Total number of participants at the end of the plan year			5b						
С	Total number of participants with account balances as of the end of complete this item)	6.1		5c		6				
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes No				
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ons.)			X Yes No				
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	and condition	ons.)		······································	Yes No				
100	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  rt III Financial Information	and condition	ons.)							
7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  It III Financial Information  Plan Assets and Liabilities	and condition 5500-5	ons.)	00.		Yes No  of Year  187000				
7 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  rt III Financial Information  Plan Assets and Liabilities  Total plan assets	and condition 5500-5	ons.)	00.		of Year				
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  It III Financial Information  Plan Assets and Liabilities	and condition 5500-5	ons.)	00.		of Year 187000				
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  It III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	and condition 5500-5	(a) Beginning of Year	00.	(b) End	of Year 187000 0 187000				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  It III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	and condition 5500-5	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 6a or 6b, the plan cannot use F  III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)	7a . 7b . 7c	(a) Beginning of Year 140861	00.	(b) End	of Year 187000 0 187000				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.  If you answered "No" to either 6a or 6b, the plan cannot use F  III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:	7a 7b 7c 8a(1)	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000 0 187000				
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.  If you answered "No" to either 6a or 6b, the plan cannot use F  It III Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000 0 187000				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.  If you answered "No" to either 6a or 6b, the plan cannot use F  It III Financial Information  Plan Assets and Liabilities  Total plan assets.  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000 0 187000				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.  If you answered "No" to either 6a or 6b, the plan cannot use F  IT III Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2) 8b	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000 0 187000				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.  If you answered "No" to either 6a or 6b, the plan cannot use F  III Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000 0 187000 Total				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.  If you answered "No" to either 6a or 6b, the plan cannot use F  III Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000 0 187000 Total				
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.  If you answered "No" to either 6a or 6b, the plan cannot use F  It III Financial Information  Plan Assets and Liabilities  Total plan assets	and condition 5500-5  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000 0 187000 Total				
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.  If you answered "No" to either 6a or 6b, the plan cannot use F  It III Financial Information  Plan Assets and Liabilities  Total plan assets.  Total plan liabilities.  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers.  (2) Participants  (3) Others (including rollovers).  Other income (loss).  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  Benefits paid (including direct rollovers and insurance premiums to provide benefits).  Certain deemed and/or corrective distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000 0 187000 Total				
7 a b c 8 a b c f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.  If you answered "No" to either 6a or 6b, the plan cannot use F  IT III Financial Information  Plan Assets and Liabilities  Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000 0 187000 Total				
7 a b c 8 a b c f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility.  If you answered "No" to either 6a or 6b, the plan cannot use F  IT III Financial Information  Plan Assets and Liabilities  Total plan assets	and condition 5500-5  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 140861 (a) Amount	00.	(b) End	of Year 187000 0 187000 Total				

	1 1	
Jane /	-11.0	- 1
-20e L	- 1	- 1

5500	

Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2K 3D

b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the List of Pl	an Characteri:	stic Co	des in th	ne instructio	ns:	
Part	V Compliance Questions							
10	During the plan year:			Yes	No		mount	_
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia				×			
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	eported		x				
С	Was the plan covered by a fidelity bond?		100	X			1	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	y fraud		×				
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	rier, See		×				
f	Has the plan failed to provide any benefit when due under the plan?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	f vear end.)			X			-
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29 CFR	100		x			
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one of the						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement 5500))						Yes	No No
12	Is this a defined contribution plan subject to the minimum funding red	quirements of section 412 of	the Code or s	ection	302 of E	RISA?	Yes	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable							
а	If a waiver of the minimum funding standard for a prior year is being a							
If v	granting the waiver:				Day_		rear	_
1000	Enter the minimum required contribution for this plan year	ind sitt meddal someter interested		Γ	12b			
	Enter the amount contributed by the employer to the plan for this plan				12c	-		
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minus sign t	o the left of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the			_		Yes	No 🗆	N/A
Part								
0.5	Has a resolution to terminate the plan been adopted during the plan	year or any prior year?					Yes	No.
ıJa	그림을 보고 있는 것이 없는 사람들이 되었다. 그 그 그 사람들이 없는 것이 없는 것이다.	L		Г	13a	-		110
b	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, tr of the PBGC?	ansferred to another plan, or	brought unde	r the c	ontrol		∏ Yes 5	No K
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):			13	ic(2) Elì	V(s)	13c(3) F	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/repor	t will be assessed unless r	easonable ca	use is	establi	shed.		
Unde SB d	r penalties of perjury and other penalties set forth in the instructions, in Schedule MB completed and signed by an enrolled actuary, as well to it is true, correct, and complete.	declare that I have examine	d this return/re	eport, i	ncluding	, if applical	ole, a Scheo nowledge a	dule
	The state of the s	DAVI	G. BOLZ					
SIG				dual air	mina es	nlan admi-	pietrotes	_
	Colgrand of Paris day	Date Enter	name of indivi	Juai Sig	jimig as	pian admii	iistrator	
SIG								
HER	E Signature of employer/plan.sponsor	Date Enter	name of indivi	dual sig	oning as	employer	or plan spor	nsor