CLINICAL TRIALS ASSISTANCE CORP
Form 10KSB
March 22, 2004

U.S. SECURITIES AND EXCHANGE COMMISSION
Washington, D. C. 20549

FORM 10-KSB

(Mark One)
[X] ANNUAL REPORT UNDER SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2003

[ ] TRANSITION REPORT UNDER SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number: 000-50095

Clinical Trials Assistance Corporation
(Name of Small Business Issuer in its charter)

Nevada	27-0009939
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification Number)

2078 Redwood Crest, Vista, California	92081-7340
(Address of principal executive offices)	(zip code)

Issuer's telephone number: (760) 727-8448 Fax number: (760) 598-2611

Securities registered under Section 12(b) of the Exchange Act:

Title of each class registered: None — Name of each exchange on which registered: None

Securities registered under Section 12(g) of the Exchange Act:

Common Stock, par value $.001
(Title of class)

Check whether the issuer (1) filed all reports required to be filed by Section 13 or 15(d) of the Exchange Act during the past 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes [X] No [ ]

Check if no disclosure of delinquent filers in response to Item 405 of Regulation S-B is contained in this form, and no disclosure will be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-KSB or any amendment to this Form 10-KSB. [ ]

State issuer's revenues for its most recent fiscal year. $195,576

The issuer's stock is listed on the OTC-Bulletin Board; however the issuer's stock has not traded.

As of March 22, 2004, the Issuer had 36,000,000 shares of common stock issued and outstanding.

Documents incorporated by reference: See Item 13. Exhibits and Reports on Form 8-K in Part III.

Transitional Small Business Disclosure Format (check one): Yes [ ] No [X]

Forward-Looking Statements

This report contains forward-looking statements. The forward-looking statements include all statements that are not statements of historical fact. The forward-looking statements are often identifiable by their use of words such as "may," "expect," "believe," "anticipate," "intend," "could," "estimate," "continue," "plans" or the negative or other variations of those or comparable terms. Our actual results could differ materially from the anticipated results described in the forward-looking statements. Factors that could affect our results include, but are not limited to, those discussed in Item 6, "Management's Discussion and Analysis or Plan of Operation" and included elsewhere in this report.

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PART III

PART I

ITEM 1. DESCRIPTION OF BUSINESS.

A. BUSINESS DEVELOPMENT

(i) Business Development, Organization and Acquisition Activities

Clinical Trials Assistance Corporation, a developmental stage company, hereinafter referred to as ("the Company") or ("CTAL"), was organized by the filing of Articles of Incorporation with the Secretary of State of the State of Nevada on April 22, 2002. The original articles of the Company authorized the issuance of twenty million (20,000,000) shares of Common Stock at par value of $0.001 per share and five million (5,000,000) shares of Preferred Stock at par value of $0.001. On April 30, 2002, the Company issued ten million (10,000,000) shares of its $0.001 par value Common Stock for cash of $10,000, held by one (1) shareholders of record. On March 5, 2004, at the Company's annual shareholder meeting, the shareholders approved an increase in authorized common shares to seventy million (70,000,000) at par value of $0.001 per share.

On September 30, 2002, the Company completed a private offering of shares of common stock of the Company pursuant to Regulation D, Rule 504 of the Securities Act of 1933, as amended, which resulted in the sale of an additional 2,000,000 shares of its $0.001 par value common stock to approximately 40 shareholders. On March 5, 2004, at the Company"s annual shareholder meeting, the shareholders approved a three-for-one forward stock split. As of March 15, 2004, therefore, the number of common shares issued and outstanding are thirty-six million (36,000,000).

The Company's president and CEO, Kamill Rohny, has been actively involved in the pharmaceutical industry for the past thirty-two years. After his retirement from Procter & Gamble Pharmaceuticals, he developed recruiting methodologies for patient studies. This included the identification of computer data bases to help research physicians find patients for their investigative studies. This activity by Mr. Kamill Rohny does not constitute

any conflict with his past Procter & Gamble Pharmaceuticals employment.

Clinical Trials Assistance Corporation helps physician researchers recruit appropriate patients to participate in specific clinical research trials sponsored by the pharmaceutical industry. In helping the investigative sites to recruit patients for clinical studies, by developing effective recruitment programs, which enlist patients to participate in the early stages of these studies, clinical recruitment companies help the pharmaceutical industry shorten its development cycles and reduce the cost for evaluating new pharmaceutical products. There are no assurances that the Company will be able to recruit patients faster than its competition.

The Company's plan of operations for the next twelve months are to:

1. Identify clinical research centers who need the services of CTAL to recruit patients. The success of the patient recruitment programs will be measured by the amount dollars a physician researcher is willing to spend versus the time and dollars spent to recruit patients for clinical research trials.

2. Continue to identify successful financial success models to recruit patients for clinical studies. During the past year, management has expanded its operations into patient recruitment centers located in 27 different States. Management is seeking to expand its operations to other investigative sites, such as, private practice physicians, hospitals, major medical centers, health maintenance organizations, pharmaceutical and biotechnology companies, all who conduct clinical studies.

3. Seek strategic alliances of businesses that design clinical studies but need assistance with patient recruitment. If appropriate opportunities present themselves, the Company would consider acquiring businesses, technologies, services or product(s) that the Company believes are strategic to its operations.

If in the future, the Company should seek to raise additional capital it would be accomplished via a private placement offering pursuant to Regulation D, Rule 505 or 506. There is no guarantee that such financing will be available to the Company, or if available, will be on terms and conditions satisfactory to management.

(ii) Principal Products and Principal Markets

Clinical Trials Assistance Corporation helps physician researchers find patients for ongoing clinical studies. These clinical trials would be conducted in a physician's office, hospital setting, or private clinic, who have separately contracted with a major pharmaceutical Company or U.S. Government agency to test developmental pharmaceutical products, which have been approved by the Food and Drug Administration ("FDA") for testing in humans. In some cases, the pharmaceutical companies themselves conduct clinical research studies. The Company plans to solely focus on patient recruitment for these clinical studies. Said differently, the Company helps these researchers find patients for on-going studies. The researchers screen and evaluate whether these patients qualify for these studies. The Company, at this time, does not involve itself with data analysis, regulatory services, quality assurance and other consultation services. The actual clinical trials are performed at the investigative sites as approved by the FDA. The Company's business is currently focused on the U.S. markets.

Management believes the Company's services to the investigative sites would allow them to build and maintain successful clinical research businesses.

Patient Recruitment

CTAL has developed a series of patient recruitment tools for the investigative sites. These tools include: an 1-800 phone number for patients to obtain information and schedule an appointment, newspaper ads, direct mail, MD office flyers, MD to MD letters, MD to patient letters and senior centers. To date, the Company's best success in developing patient recruitment tools has been with first class pre-sorted postcard directed to specific age groups in targeted geographic locations.

Business Strategy

The Company's business plans encompass the following strategies:

- Market its services to physicians who conduct research projects. The clientele includes investigative sites, such as, private practice physicians, hospitals, major medical centers, health maintenance organizations, pharmaceutical and biotechnology companies, all who conduct clinical studies.

- Identify physician researchers and offer the services of patient recruitment for these studies.

- Based on the type of studies performed, such as targeted age group or specific illness, management has identified specific patient data base to target. The database includes renting, reassembling, and combining names and addresses and sorting by age group and gender to determine who is most likely to suffer from a particular disease state. The Company rents mailing labels from brokers who specialize collecting this type of demographic data. These mailing labels are rented on a Quarterly basis, when the Company undertakes a specific recruitment program. There is no way of knowing, who has a particular disease state to target; therefore, a mass population is targeted to receive a mailer, which invites them to participate in a study. Patients who participate in a clinical study receive: a study related physician exam, laboratory tests, free medication, and often times travel expenses and nominal fees to entice them to participate.

- Utilize known networking groups, e.g., senior centers, churches, social clubs, ethnic groups, who conduct regular meetings among their members. to recruit these patients. These groups consists of people who talk among themselves to give the studies a word-of mouth endorsement, where the recommend that their friends are evaluated for the study. CTAL utilizes these groups by scheduling the investigative physician(s), as guest speakers, for their regular scheduled meetings. This gives the audience an opportunity to determine whether or not they wish to participate in the study, by meeting the investigative physician who will be conducting the study.

- Advertise for patients utilizing newspapers to recruit these patients.
- Schedule these subject patients with the physician researchers as candidates to be evaluated for their studies.
- Establish a reputation for Clinical Trials Assistance Corporation as a premier patient recruitment company.

(iii) Status of Products and Services

The Company originally established a business development program with Eugene Boling, MD, a Rheumatologist at Boling Clinical Trials, located at 8263 Grove Avenue, Suite 100, Rancho Cucamonga, CA 91730. Boling Clinical Trials is one of the larger patient research centers in Southern California. This is measured by the number of patients enrolled in their clinical trials. This was shared with Dr. Boling by the sponsoring pharmaceutical companies who are conducting these studies. They can conduct as many has sixteen different patients studies at the same time. Each study seeks to enroll anywhere from 24 to 60 patients, on average. Boling Clinical Trials is situated in an area of Southern California with a surrounding population of 500-600,000 inhabitants. CTAL has participated in recruiting patients for two separate studies at Boling Clinical Trails, and the Company is in process of recruiting patients two additional patient studies for Boling Clinical Trials. The clinical studies included recruitment for an osteoporosis study and a rheumatoid arthritis study. The Company's best results in the recruitment of patients for these two studies came from a targeted mail program directed to an older age group, in zip codes adjacent to Boling Clinical Trials.

The Company has developed a variety of different postcard recruitment initiatives, an example includes:

a) The mailing of ten thousand postcards per month for a three month period, or a total of 30,000 postcards. This program generates approximately 100 patients who call schedule an initial screening with the investigative site. Approximately 9 patients are qualified for the study, and approximately 6 patients were ultimately enrolled in a clinical trial during a three month period.

b) The second initiative is a scaled-up version of the first initiative. It consists of a mailing of thirty thousand postcard mailings, per month, over a three month period, or a total of 90,000 postcards. This program generates approximately 450 patients who call schedule an initial screening with the investigative site. Approximately, 27 patients are qualified for the study, and approximately 18 patients were ultimately enrolled in a clinical trial during a three month period.

Based on the results of these two examples, the end results per enrolled patient were proportionally the same based on the size of the mailing. Based on CTAL's year 2003 experience, the Company has duplicated these results throughout the country at 23 different locations.

Since CTAL has begun its recruiting activities, the average cost to recruit

patients has been $1,475 -$2,000 per enrolled patient. This cost is based a targeted postcard mail program directed to an older age group, in specific zip codes. The data is based on a three month postcard mailing program of 30,000 mailings per month for a total of 90,000 mailings. The results of this postcard program has enrolled, on average, six (6) patients per month at a cost of $8,850 $12,000 per month.

The Pharmaceutical Industry

Currently, only an estimated 10-12% of the 50 millions individuals in the U.S. who have chronic illnesses participate in clinical trials, which means that 90% of eligible patients are not entering clinical trials (Source: CenterWatch).

According to CenterWatch, the pharmaceutical industry spent more than $30 billion in research and development in 1999 alone, with almost 40% earmarked for clinical development. Spending in this area is growing by an estimated 13% annually.

Before a new pharmaceutical or biotechnology product can be marketed in the United States, it must undergo extensive testing and regulatory review to determine its relative safety and effectiveness. Companies seeking approval of these products are responsible for performing and analyzing the results of preclinical and multi-phase clinical trials. Preclinical trials can last years and involve animal testing and laboratory analysis to determine the basic biological activity and safety of the product. Upon successful completion of the preclinical phase, the product undergoes a series of clinical tests in humans, this includes healthy volunteers as well as patients with the specific disease. Clinical trials generally take longer to perform than preclinical trials, typically lasting five to seven years. In the United States, preclinical and clinical testing must comply with the requirements of Good Clinical Practices and other standards promulgated by the Food and Drug Administration, or the FDA, and other federal and state governmental authorities. The FDA defines Good Clinical Practices as "a standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate and that the rights, integrity, and confidentiality of trial subjects are protected."

According to clinical trials data provided by the National Institutes of Health website, at www.clinicaltrials.gov, they list approximately 7,000 on-going clinical studies, with approximate enrollment of 200 patients per study. These clinical studies are sponsored by the National Institutes of Health, other federal agencies, and the pharmaceutical industry.

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Clinical trials often represent the most expensive and time-consuming part of the overall drug development process. The information generated during these trials is critical for gaining marketing approval from the FDA or other regulatory agencies. After the successful completion of Phase III trials, the sponsor of a new drug must submit a New Drug Application ("NDA") to the FDA. The NDA is a comprehensive filing that includes, among other things, the results of all preclinical and clinical studies, information about the drug's composition and the sponsor's plans for producing, packaging and labeling the drug. Most of the clinical data contained in an NDA is generated during the Phase II and III trials. The FDA's review of an NDA can last from several

months to several years, with the average review lasting two years. Drugs that successfully complete this review may be marketed in the United States, subject to the conditions imposed by the FDA in its approval.

Pharmaceutical and biotechnology companies face increased pressure to bring new drugs to market in the shortest possible time, thereby reducing costs, maintaining market share and accelerating realization of revenue. Currently, total development of a new drug takes approximately eight to twelve years, a significant portion of a drug's twenty year period for protection under United States patent laws. Certain pharmaceutical companies have initiated plans to reduce this time to approximately five to seven years. Pharmaceutical and biotechnology companies are attempting to increase the speed of new product development, and thereby maximize the period of marketing exclusivity and economic returns for their products, by outsourcing development activities.

The clinical research process generally has been inefficient and costly for sponsors, requiring the expenditure of considerable resources and efforts associated with study start-up, meeting enrollment quotas and collecting complete and consistent data. Historically, sponsors have had to identify and negotiate contracts and study budgets with numerous geographically dispersed clinical research investigators, a process which impedes quick study start-up. These clinical trials are generally reviewed and approved by an independent institutional review board ("IRB") for each research site participating in a study. There is a separate IRB for each ongoing clinical trial.

The IRB has been established to assure the protection of all human subjects in research projects. In accordance with U. S. Department of Health and Human Services Regulations for Protection of Human Subjects (45 CFR 46), an institutional review board committee, composed of members from a variety of scientific disciplines as well as community members, assists investigators in the protection of the rights and welfare of human subjects. The IRB also serves to facilitate valuable human subject research as well as protect the investigator and the institution through a comprehensive review process. All human research projects must be reviewed and approved by the IRB prior to initiation and then conducted in full compliance with the IRB guidelines established by U. S. Department of Health and Human Services.

The clinical research industry is driven by the need of the pharmaceutical and biotechnology companies to produce new drugs at low costs while at the same time maintaining compliance with governmental regulations principally imposed by the FDA. Competition and the increasing pressure to control costs are forcing pharmaceutical and biotechnology companies to become more efficient in developing new drugs. The pharmaceutical and biotechnology companies are actively seeking improved ways to save time in the clinical development process in order to bring products to market faster. The benefit in bringing their products to the market faster, helps these companies recover their research and development costs and achieve higher prices on their patented products before they lose their patent protection and generics enter the market. In an effort to save time and cut costs, physician researchers are outsourcing certain aspects of the clinical research process to third parties, including research networks.

The services Clinical Trials Assistance Corporation plans to provide are subject to federal regulations pursuant to IRB review. For example, the Company's brochures and advertisements to recruit patients are subject to a Independent Board Review and subsequent approval from the physician

researchers. The IRB is required to apply institutional rules, federal, state laws and regulation in reviewing study protocols, evaluating risks and benefits, ensuring the selection of subjects is equitable, monitoring the data collected to ensure the safety of subjects, protecting the privacy of subjects and to maintain the confidentiality of files. During their regularly scheduled board meetings, they also review and approve brochures and advertisements to ensure compliance with the study protocol.

Investigative Sites

The investigative site industry includes all of the clinical investigators who enroll patients in clinical trials and collect information at the patient level for pharmaceutical and biotechnology companies and Contract Research Organizations ("CRO"). The investigative site industry is facing significant cost reduction pressures as a result of the pressures on pharmaceutical and biotechnology companies to reduce costs and the amount of time required to bring a drug to market. As a result of increased pressures, pharmaceutical and biotechnology companies who need to conduct clinical research have reduced their use of academic medical centers for clinical studies and have increased their use of private practice research sites. In many instances, private practice physician sites can provide greater access to patients and the ability to conduct trials more rapidly and efficiently than academia. In addition, participation in clinical trials by private physicians has increased as healthcare providers discover that they are able to offer patients access to more advanced therapies and the opportunity to receive free or reduced-cost medical care.

CTAL plans to assist the investigative sites, with planning and coordinating the patient recruitment of independent clinical trials on drugs for pharmaceutical and biotechnology companies. By assisting these investigative sites in patient recruitment, and helping them identify and enroll patients in the early stages of their clinical studies, the Company plans to facilitate faster study start-up. It is not uncommon for an investigate site to undertake a clinical study project, and not begin their patient recruitment efforts for six months after the study is scheduled to begin. CTAL by assisting physician researches in recruiting patients for their studies, at the outset of the study, plans to help will be helping the pharmaceutical and biotechnology companies conducting clinical trials to complete the clinical research process efficiently and cost effectively, by saving them time in completing these studies. According to Advanced Clinical Software, advertising effectiveness for one site, using a variety of media sources (radio, TV, newspaper, internet) can range from $500 to $2,500 cost per enrolled randomized patient.

The investigative sites typically perform the clinical trials, focusing on Phases II through IV of the drug development process. The clinical research portion of the drug development process involves selection of investigative sites to conduct the trials. The physician researchers are responsible for the actual conduct of the trials and the gathering and completion of the data generated during the trials. CTAL solely assists these sites by helping them find patients, who are subsequently screen by these physician recruiters who are in the process of conducting research studies. The physician researchers are responsible to determine whether or not these patients should be enrolled in their studies, based on the criteria of the study protocols.

In conducting these studies, the investigative sites administer medical

evaluations, healthcare procedures and study medications to patients in accordance with the protocol under the direction of a qualified principal investigator. A "qualified principal investigator" has been approved by both the FDA and sponsoring pharmaceutical/biotechnology company to conduct human clinical trials.

A "qualified principal investigator" requires sufficient knowledge, scientific training, a medical degree and accreditation as evidenced by their credentials, to conduct clinical studies to investigate the effectiveness and in-use safety of investigational products in conducting clinical trials on human patients. The qualified principal investigator needs to be familiar with the background and requirement of the study before taking receipt of the investigational product. The qualified principal investigator is responsible for all aspects of the conduct of the study. This would include: the dispensing and the administration of the investigational product(s), the implementation of the study protocol, the collection and reporting of the study data and the protection of the health and welfare of the personnel and patients involved in the study. The qualified principal investigator is employed by the sponsor or a contract research organization. The investigator may be assisted by trained technical assistants in collecting, recording and the subsequent processing of data.

Clinical Trials Assistance Corporation plans to focus it patient recruitment activities with investigative sites that are owned by private practice physicians. The size of the private physician practices range from one physician to approximately twenty physicians. Typically, management expects the investigative sites in its network will consist of two to four partners in a private practice medical office.

Marketing Strategies

CTAL assists pharmaceutical and biotechnology companies in developing and implementing patient recruitment programs to speed completion of their research studies. CTAL services include the development and implementation of advertising programs, public service announcements and other tools to assist sites in finding and enrolling suitable patients into studies. These include, but not limited to newspaper, senior centers, churches, social clubs, and ethnic groups. The Company is investigating the utilization and subcontracting of a phone room as a tool to help the clinical investigators screen patients and set appointments. The management and training of the phone room staff would be the responsibility of the clinical investigators. The Company would help them identify a phone room to outsource these services. The purpose of the phone room is to hire and train an 24-hour answering service to screen patients and answer basic questions about the clinical study. They would subsequently set an appointment for the patient to come into the office for further evaluation. This service would relieve the investigators staff in screening these initial calls. It was initially discovered that where investigate offices are understaffed, phone calls were unanswered and potential study patients did not pursue enrolling in a clinical study.

The Company also contacts known physicians who participate in medical studies and pharmaceutical companies who wish to conduct a pharmaceutical study. The Company markets its services to specific physicians who specialize in conducting clinical trials with these known disease states, e.g., arthritis, osteoporosis, hypertension, and diabetes.

The industry is highly fragmented with many small, limited-service providers as well as in-house research departments, universities and teaching hospitals, have substantially greater resources than the Company. However, the Company believes it has an opportunity to take advantage of the trend toward outsourcing. Physicians who conduct clinical trials do not have the time or staff to recruit patients for their studies. They are busy with their own medical practices and qualifying patients for the clinical studies. They prefer to outsource the patient recruitment job to a third party. The Company's strategy is to help facilitate patent enrollment in these preclinical trials.

CTAL markets its patient recruitment services to investigative sites, so that the physicians at these sites are not encumbered in devoting a greater percentage of their time in recruiting patients versus attending to their own practice.

The Company's success is dependent upon its ability to attract and retain high quality investigative sites and recruit patients for their active studies.

Competition

The clinical research industry is highly fragmented. The Company primarily competes with Clinical Research Organizations, other patient recruitment organizations and private practice research sites who are competing to recruit the same patients for a particular clinical study. The majority of these private practice research sites are single sites. CTAL also competes with hospitals and academic medical centers and site management organizations ("SMO"), who recruit patients for their clinical studies. No single competitor or group of competitors has a substantial presence in the recruitment of patients for clinical trials. All of the Company's competitors, who recruit patients, have greater financial resources and name recognition, greater experience in specific diseases and conditions and larger medical specialist networks than Clinical Trials Assistance Corporation.

CTAL has little experience in competing favorably in most of these areas, there are no assurances that the Company will be able to respond to these pressures or changes. Further, there are no significant barriers to entry into the recruitment of patients for clinical trials. A better funded company with knowledge of the industry could capture any potential business from CTAL.

(iv) Risk Factors

a) LIMITED OPERATING HISTORY AND DEVELOPMENT PERIOD MAKES POTENTIAL DIFFICULT TO ASSESS.

The Company was incorporated in the State of Nevada on April 22, 2002 (Nevada File Number: C9967-20). As of the date of this document, the Company has developed a business plan, established administrative offices and an operating facility in Vista, California and begun the process of testing its model for recruiting patients for human pharmaceutical research studies. During the development period, the company hopes to evaluate methodologies to recruit patients in a timely, cost effective basis for investigative clinical research centers. There are no assurances the company will be able to identify efficient and cost effective methodologies to recruit patients during this development period. Failure to find effective patient recruitment

methodologies can have an adverse effect on the Company's future.

The Company has limited operating history and must be considered to be a developmental stage company. Prospective investors should be aware of the difficulties encountered by such new enterprises, as the Company faces all of the risks inherent in any new business and especially with a developmental stage company. The likelihood of success of the Company must be considered in light of these problems, expenses that are frequently incurred in the operation of a new business and the competitive environment in which the Company will operate.

b) ISSUANCE OF STOCK TO FUND THE COMPANY MAY DILUTE YOUR INVESTMENT AND REDUCE YOUR EQUITY INTEREST IN THE COMPANY.

It is likely that the Company will issue additional shares of common stock or preferred stock to expand operations. The proceeds of any offering will be used for the operations of the business. This would include, but not limited to hiring additional personnel, upgrading demographic data bases, and the development of marketing materials to attract new business. The consequences may be a significant dilution to shareholders' investment, and a material decrease in shareholders' equity interest in the company. Since CTAL has not made any determination with respect to new equity funding, management cannot speculate on the amount of securities which CTAL might issue. At its sole discretion, the board of directors may issue additional company securities without seeking shareholder approval. These future offerings could significantly dilute the value of any previous investor's investment value.

c) COMPANY MAY FAIL TO CONVINCE ENOUGH CUSTOMERS TO USE ITS SERVICES.

The Company's has established a patient recruitment business throughout the U.S. Despite contacts and a referral base from the Company's management, if CTAL cannot establish itself as an effective business, CTAL will not be able to expand its business base. There can be no assurances that its market acceptance will be forthcoming.

d) THE COMPANY IS DEPENDENT ON ONE KEY OFFICER TO DEVELOP AND IMPLEMENT ITS BUSINESS PLAN.

The Company plans to rely heavily on the expertise from its sole officer, Mr. Kamill Rohny, who has knowledge of the pharmaceutical industry. Should the Company be deprived of the services of its sole officer for any reason during this period of initial and expansion, the results would be devastating to the Company and could lead to its dissolution. Although this sole officer has had experience in helping physician researchers in the past recruit patients, he cannot be sure that this business model will be successful in other markets. For example, the Company may be unable to train other personnel on how to develop another market to recruit patients for clinical studies. Future operating results would be adversely affected if the Company is unable to expand its operations. The Company does not have an employment agreement with Mr. Rohny and Mr. Rohny is engaged in other business activities which may detract his attention from the Company.

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e) PATIENT RECRUITMENT MAY INFRINGE ON PRIVACY CONCERNS.

The Company collects and utilizes data derived from various sources to recruit patients for clinical studies. The Company has access to names and addresses of potential patients who may participate in these studies. This subjects the Company to knowledge of what studies are taking place, and who may be participating in these studies. In order to deliver a targeted mail program, the Company compiles specific demographic information. This information needs to be protected to circumvent privacy concerns. The information keyed to a specific disease state could inadvertently fall into the wrong hands without the consent of the patient.

Due to privacy concerns, the company must take steps to ensure patient lists remain confidential. There can be no assurance that any protection will be available for such data or that others will not claim rights to such data.

f) GOVERNMENT REGULATION COULD UNDERMINE THE COMPANY'S PROFITABILITY.

Though the Company plans on obtaining all required federal and state permits, licenses, and bonds to operate its facilities, there can be no assurance that the Company's operation and profitability will not be subject to more restrictive regulation. The services Clinical Trials Assistance Corporation provides are subject to various federal regulations. For example, its brochures and advertisements to recruit patients are subject to a Independent Board Review and subsequent approval from the physician researchers.

g) SHARES SUBJECT TO RULE 144, IF SOLD COULD HAVE A MATERIAL NEGATIVE IMPACT UPON THE MARKET PRICE OF THE COMPANY'S SHARES.

On March 22, 2004, the Company had 30,000,000 Common Shares issued and outstanding that have not been registered with the Commission or any State securities agency and which are currently restricted pursuant to Rule 144 promulgated by the Commission under the 1933 Act. Rule 144 provides, in essence, that a person holding restricted securities for one year from the date the securities were purchased from the issuer, or an affiliate of the issuer, and fully paid, may sell limited quantities of the securities to the public without registration, provided there shall be certain public information with respect to the issuer. Pursuant to Rule 144, securities held by non-affiliates for more than three years may generally be sold without reference to the current public information or broker transaction requirements, or the volume limitations. None of the current outstanding restricted shares are available for resale pursuant to Rule 144. The sale of some or all of the currently restricted Common Shares could have a material negative impact upon the market price of the Common Shares if a market for the Common Shares should develop in the future. (See "PRINCIPAL STOCKHOLDERS")

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h) RISKS ASSOCIATED WITH ACQUISITIONS MAY NOT BENEFIT THE COMPANY AND

DILUTE THE VALUE OF THE COMPANY'S SHARES.

If appropriate opportunities present themselves, the Company would acquire businesses, technologies, or service(s) that the Company believes are strategic and would help it to expand its operations and/or future customer base. There can be no assurance that the Company will be able to identify, negotiate or finance future acquisitions successfully, or to integrate such acquisitions with its current business. The process of integrating an acquired business, technology, service or product(s) into the Company may result in unforeseen operating difficulties and expenditures and may absorb significant management attention that would otherwise be available for ongoing development of the Company's business. Further, there can be no assurance that the anticipated benefits of any acquisition will be realized.

Future acquisitions could result in potentially dilutive issuances of equity securities, the incurrence of debt, contingent liabilities and/or amortization expenses related to goodwill and other intangible assets, which could materially adversely affect the Company's business, results of operations and financial condition. Any future acquisitions of other businesses, technologies, services or product(s) might require the Company to obtain additional equity or debt financing, which might not be available on terms favorable to the Company, or at all, and such financing, if available, might be dilutive.

i) LOW-PRICED STOCKS MAY AFFECT THE RESELL THE COMPANY'S SHARES.

Although the Company's stock is listed on the OTC-Bulletin Board, as of March 22, 2004, no shares have traded. If someone where to purchase the stock, the purchasers of the shares may have difficulty selling their common stock should they desire to do so. Penny Stock Regulation Broker-dealer practices in connection with transactions in "Penny Stocks" are regulated by certain penny stock rules adopted by the Securities and Exchange Commission. Penny stocks generally are equity securities with a price of less than $5.00 (other than securities registered on certain national securities exchanges or quoted on the NASDAQ system). The penny stock rules require a broker-dealer, prior to a transaction in a penny stock not otherwise exempt from the rules, to deliver a standardized risk disclosure document that provides information about penny stocks and the risk associated with the penny stock market. The broker-dealer must also provide the customer with current bid and offer quotations for the penny stock, the compensation of the broker-dealer and its salesperson in the transaction, and monthly account statements showing the market value of each penny stock held in the customer's account. In addition, the penny stock rules generally require that prior to a transaction in a penny stock, the broker-dealer must make a written determination that the penny stock is a suitable investment for the purchaser and receive the purchaser's written agreement to the transaction. These disclosure requirements may have the effect of reducing the level of trading activity in the secondary market for a stock that becomes subject to the penny stock rules. When the Registration Statement becomes effective and the Company's securities become registered, the stock will likely have a trading price of less than $5.00 per share and will not be traded on any exchanges.

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j) RISKS ASSOCIATED WITH INFRINGEMENT OF INTELLECTUAL PROPERTY.

The Company is subject to intellectual property infringement from its competition. Likewise, the competitors in the industry, hold their recruiting methods highly confidential. The more widely the Company employs any methods which are successful, the more likely these methods become vulnerable to

duplication by other recruiting centers. The are no assurances that the Company will be able to protect, even if it copyrights its recruiting methodologies, from the competition.

(v) Customers

The Company has established a customer base of physician researchers and six pharmaceutical companies. There are no assurances that the Company will be able to offer its services that would attract future customers from its competition.

(vi) Patents, Trademarks, Licenses, Franchises, Concessions, Royalty Agreements, or Labor Contracts

The Company regards substantial elements of its future and underlying infrastructure and technology as proprietary and attempts to protect them by relying on trademark, service mark, copyright and trade secret laws and restrictions on disclosure and transferring title and other methods. This would include the methodologies the Company develops to recruit patients for clinical studies. The Company plans to enter into confidentiality agreements with its future physician researchers and employees. Despite these precautions, it may be possible for a third party to copy or otherwise obtain and use the Company's proprietary information without authorization or to develop similar technology independently. Legal standards relating to the validity, enforceability and scope of protection of certain proprietary rights in the clinical trials business may be uncertain, and no assurance can be given as to the future viability or value of any of the Company's proprietary rights. This can be no assurance that the steps taken by the Company will prevent misappropriation or infringement of its proprietary information, which could have a material adverse effect on the Company's business, results of operations and financial condition.

(vii) Impact on Environmental Laws

As the Company is involved in recruiting patients for clinical trials, it does not expect to have any impact on environmental laws.

(viii) Employees

The Company currently has one (1) employee, who serves as President and Chief Executive Officer. Management out-sources all printing and mailing activities. In order to further implement its business plan, management recognizes that additional staff will be required. This would include clerical personnel, and a marketing staff as required to complete the work. No assurances can be given that the Company will be able to find suitable employees that can support the future needs of the Company or that these employees can be hired on terms favorable to the Company.

(a) The Company's performance is substantially dependent on the performance of its President, Kamill Rohny.

(b) The Company does not carry key person life insurance on any of its personnel. The loss of the services of its executive officers could have a material adverse effect on the business, results of operations and financial condition of the Company. The Company's future success also depends on its

eventual ability to attract and retain highly qualified technical and managerial personnel.

(c) There can be no assurance that in the future the Company will be able to attract and retain additional highly qualified technical and managerial personnel. The inability to attract and retain the technical and managerial personnel necessary to support the growth of the Company's business, due to, among other things, a large increase in the wages demanded by such personnel, could have a material adverse effect upon the Company's business, results of operations and financial condition.

(ix) Present Licensing Status

The Company is currently incorporated in Nevada and registered with the State of California to conduct business in the State. Additionally, the Company has a business license (No. BL012608) to engage and conduct business in Vista, CA.

ITEM 2. DESCRIPTION OF PROPERTY.

The Company's administrative offices/corporate headquarters and operating facility are located at: 2078 Redwood Crest, Vista, California 92081-7340. Telephone number: (760) 727-8448. An officer of the Company provides the Company with office space. The estimated fair market value of the office space is valued at $1,000 per month.

Investment Policies

The Company does not currently own and the Company has not made any investments in real estate, including real estate mortgages, and the Company does not intend to make such investments in the near future.

ITEM 3. LEGAL PROCEEDINGS.

As of the date hereof, Clinical Trials Assistance Corporation is not a party to any material legal proceedings, and none are known to be contemplated against it.

ITEM 4. SUBMISSION OF MATTERS TO A VOTE OF SECURITY HOLDERS.

The Registrant held its annual shareholder meeting on March 5, 2004. At this meeting the shareholders voted and approved the following proposals:

1. To increase the number of the Company's authorized Common Shares, from twenty million (20,000,000) to seventy million (70,000,000) shares;
2. Election of two Directors (Kamill Rohny and Eugene P. Boling, MD);
3 Forward Split the Common Stock three-for-one;
4. Approval to issue warrants to purchase up to 1,800,000 shares of the Company's Common Stock;
5. Ratification of Beckstead and Watts, LLP as independent auditors.

PART II

ITEM 5. MARKET FOR COMMON EQUITY AND RELATED STOCKHOLDER MATTERS.

(i) Market Information

The Company's Common Stock is traded on the OTC Bulletin Board under the symbol "CTAL." A limited market exists for the trading of the Company's common stock. There has been no trading activity in the Common Stock. There are no assurances any trading activity will take place in the future for the Company's Common Stock.

At the Company's annual shareholder meeting, held on March 5, 2004, the shareholders approved a resolution to issue warrants to purchase up to 1,800,000 shares of Common Stock, which warrants may be accompanied by other securities or may not be accompanied by other securities of the Company.

The Company did not repurchase any of its shares during the calendar year covered by this report.

(ii) Holders

The approximate number of holders of record of common stock as of March 15, 2004 was approximately forty (40).

(iii) Dividends

Holders of common stock are entitled to receive such dividends as the board of directors may from time to time declare out of funds legally available for the payment of dividends. No dividends have been paid on our common stock, and we do not anticipate paying any dividends on our common stock in the foreseeable future.

(iv) Liquidity and Capital Resources

On April 30, 2002, the Company issued ten million (10,000,000) shares of its $0.001 par value Common Stock for cash of $10,000, purchased by Mr. Kamill Rohny, President and founder of the Company.

On September 30, 2002, Clinical Trials completed a private offering of shares of our common stock pursuant to Regulation D, Rule 504 of the Securities Act of 1933, as amended, and the registration by qualification of said offering in the State of Nevada, whereby Clinical Trials sold 2,000,000 shares of Common Stock to unaffiliated shareholders of record, none of whom were or are officers, directors or affiliates of the Company.

The Company does not have any preliminary agreements or understandings

between the company and its stockholders/officers and directors with respect to loans or financing to operate the company. The Company currently has no arrangements or commitments for accounts and accounts receivable financing.

The Company has no current commitments or other long-term debt. Additionally, the Company has and may in the future invest in short-term investments from time to time. There can be no assurance that these investments will result in profit or loss.

ITEM 6. MANAGEMENT'S DISCUSSION AND ANALYSIS OR PLAN OF OPERATION.

General

A. Management's Plan of Operation

(i) For the calendar year ended December 31, 2003, the Company generated revenues of $195,576 and generated a net profit of $32,310. Cost of sales represented 23% of gross revenues. As of December 31, 2003 Clinical Trials Assistance Corporation has $62,619 in available cash and no liabilities to continue its operations.

The Company has developed a methodology to recruit patients for clinical studies. This methodology begins with patient recruitment for a particular study at one research center. Upon validation that patients are recruited for this particular study, CTAL recruits patients nationwide at other medical centers where the same study is taking place. There are no assurances CTAL can duplicate these results for similar studies conducted by different investigative centers. Management believes it can currently handle a work capacity of ten studies per year. Based on the costs of advertising, developing data bases, and mailing flyers to these data bases, management expects its hard costs of services to represent approximately thirty percent of revenues generated.

The major components to expenses faced by the company in its day to day operations includes auditor fees, legal fees, developing databases of potential patients, based on demographic information, and general administrative expenses. If the Company becomes profitable, the company will access salaries and adding additional personnel to the payroll. Management intends to continue minimize costs until such a time in its discretion it believes expansion would be prudent. One element in making this determination is positive cash flow on a quarterly basis.

On December 15, 2003, the directors of the Company (Kamill Rohny and Eugene Boling, MD) carried out an evaluation of the effectiveness of the on-going pilot studies to-date. They concluded that Boling Clinical Trials needs to continue and possibly increase their spending with CTAL.

Management believes that it has sufficient liquidity and cash reserves for the next 12 months. The Company is currently conducting a patient recruitment program for two major clinical studies. Based on the results of these programs, the Company may be offered to perform patient recruitment on a national basis for these two clinical studies.

The Company does not have any preliminary agreements or understandings

between the company and its stockholders/officers and directors with respect to loans or financing to operate the company. The Company currently has no arrangements or commitments for accounts and accounts receivable financing. There can be no assurance that any such financing can be obtained or, if obtained, that it will be on reasonable terms.

There remains no guarantees that other companies might not be working on similar patient recruitment methodologies and that some of these competitive companies may have better funding or more workable business plans.

(ii) Management believes that the Company's future growth and success will be largely dependent on its ability to find physician researchers who need help in recruiting patients for their clinical studies.

(iii) The Company does not expect to purchase or sell any of its facilities or equipment.

Clinical Trials has only one business segment, therefore, no table showing percentage breakdown of revenue by business segment or product line is included.

Results of Operations

For the year ended December 31, 2003, the Company generated $195,576 in revenues versus $7,200 for the same period last year. Cost of sales for the year ended December 31, 2003 was $45,476 or 23% of revenues. It should be noted that the Company was first incorporated on April 22, 2002, and during the calendar year 2002, the Company was field testing its recruitment programs. For year ended, the Company had revenues of $195,597 and generated a net profit of $32,310. The bulk of the Company's expenses included general and administrative expenses of 103,390. The majority of these expenses were related to start-up costs.

Plan of Operation

The Company's plan of operations includes:

1. Identify clinical research centers who need the services of CTAL to recruit patients. The success of the patient recruitment programs will be measured by the amount dollars a physician researcher is willing to spend versus the time and dollars spent to recruit patients for clinical research trials.

2. Continue to identify successful financial success models to recruit patients for clinical studies. During the past year, management has expanded its operations into patient recruitment centers located in 27 different States. Management is seeking to expand its operations to other investigative sites, such as, private practice physicians, hospitals, major medical centers, health maintenance organizations, pharmaceutical and biotechnology companies, all who conduct clinical studies.

3. Seek strategic alliances of businesses that design clinical studies but need assistance with patient recruitment. If appropriate opportunities

present themselves, the Company would consider acquiring businesses, technologies, services or product(s) that the Company believes are strategic to its operations.

ITEM 7. FINANCIAL STATEMENTS.

CLINICAL TRIALS ASSISTANCE CORPORATION
(A Development Stage Company)

FINANCIAL STATEMENTS

DECEMBER 31, 2003 AND 2002

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CONTENTS

BECKSTEAD AND WATTS, LLP
CERTIFIED PUBLIC ACCOUNTANTS

3340 Wynn Road, Suite B
Las Vegas, NV 89102
702.257.1984
702.362.0540 (fax)

INDEPENDENT AUDITORS' REPORT

Board of Directors

Clinical Trials Assistance Corporation
Las Vegas, Nevada

We have audited the Balance Sheet of Clinical Trials Assistance Corporation (the "Company"), as of December 31, 2003, and the related Statement of Operations, Stockholders' Equity, and Cash Flows for the year ended December

31, 2003 and for the period ended December 31, 2002. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statement presentation. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Clinical Trials Assistance Corporation as of December 31, 2003, and the results of its operations and cash flows for the year ended December 31, 2003 and for the period ended December 31, 2002, in conformity with generally accepted accounting principles in the United States of America.

Beckstead and Watts, LLP

January 16, 2004

Clinical Trials Assistance Corporation
Balance Sheet

Balance Sheet

	December 31, 2003
Assets	
Current assets:	
Cash	$ 62,619
	62,619
	$ 62,619
Liabilities and Stockholders' Equity	

Current liabilities	$ -
Stockholders' equity:	
Preferred stock - Series A, $0.001 par value, 2,000,000 shares authorized, no shares issued and outstanding	-
Preferred stock - Series B, $0.001 par value, 2,000,000 shares authorized, no shares issued and outstanding	-
Preferred stock - Series C, $0.001 par value, 1,000,000 shares authorized, no shares issued and outstanding	-
Common stock - Class A, $0.001 par value, 20,000,000 shares authorized, 12,000,000 shares issued and outstanding	12,000
Additional paid-in capital	47,000
Retained earnings	3,619
	62,619
	$ 62,619

The accompanying notes are an integral part of these financial statements.

Clinical Trials Assistance Corporation
Statement of Operations

Statement of Operations

	For the year Ended December 31, 2003	April 22, 2002 (Inception) to December 31, 2002
Revenue	$ 195,576	$ 7,200
Cost of services	45,476	-
	150,100	7,200
Expenses:		
Executive compensation	-	8,000
General & administrative expenses	103,390	26,291
General & administrative expenses - related party	14,400	1,600
	117,790	35,891

Net income (loss)	$ 32,310	$ (28,691)
Weighted average number of common shares outstanding - basic and fully diluted	12,000,000	12,000,000
Net income (loss) per share - basic and fully diluted	$ 0.00	$ (0.00)

The accompanying notes are an integral part of these financial statements.

Clinical Trials Assistance Corporation
Statement of Changes in Stockholders' Equity

Statement of Changes in Stockholders' Equity

	Common Stock		Additional Paid-in Capital	(Deficit) Accumulated During Development Stage	Total Stockholders' Equity
	Shares	Amount			
April 2002 Founder shares issued for cash	10,000,000	$10,000	$ 5,000		$ 15,000
September 2002 504 offering issued for cash	2,000,000	2,000	18,000		20,000
December 2002 Donated capital			9,600		9,600
Net (loss) April 22, 2002 (inception) to December 31, 2002				(28,691)	(28,691)
Balance, December 31, 2002	12,000,000	$12,000	$ 32,600	$(28,691)	$ 15,909
December 2003 Donated capital			14,400		14,400

Net income for the year ended December 31, 2003				32,310	32,310
Balance, December 31, 2003	12,000,000	$12,000	$ 47,000	$ 3,619	$ 62,619

The accompanying notes are an integral part of these financial statements.

Clinical Trials Assistance Corporation
Statement of Cash Flows

Statement of Cash Flows

	For the year Ended December 31, 2003	April 22, 2002 (Inception) to December 31, 2002
Cash flows from operating activities		
Net income (loss)	$ 32,310	$ (28,691)
Donated capital	14,400	
Non-cash general and administrative expenses	-	1,600
Non-cash executive compensation	-	8,000
Adjustments to reconcile net (loss) to net cash (used) by operating activities:		
Increase in accounts payable	-	-
Net cash provided (used) by operating activities	46,710	(19,091)
Cash flows from investing activities	-	-
Cash flows from financing activities		
Issuances of common stock	-	35,000
Net cash provided by financing activities	-	35,000
Net increase in cash	46,710	15,909
Cash - beginning	15,909	-
Cash - ending	$ 62,619	$ 15,909
Supplemental disclosures:		
Interest paid	$ -	$ -
Income taxes paid	$ -	$ -

The accompanying notes are an integral part of these financial statements.

CLINICAL TRIALS ASSISTANCE CORPORATION
FOOTNOTES

NOTE 1 - HISTORY AND ORGANIZATION OF THE COMPANY

The Company was organized April 22, 2002 (Date of Inception) under the laws of the State of Nevada, as Clinical Trials Assistance Corporation. The Company helps physician researchers recruit appropriate patients to participate in specific clinical research trials sponsored by the pharmaceutical industry.

NOTE 2 - ACCOUNTING POLICIES AND PROCEDURES

Cash and cash equivalents

The Company maintains a cash balance in a non-interest-bearing account that currently does not exceed federally insured limits. For the purpose of the statements of cash flows, all highly liquid investments with an original maturity of three months or less are considered to be cash equivalents. There are no cash equivalents as of December 31, 2003.

Revenue recognition

The Company recognizes revenue as it invoices its customers (physician researchers) on a "completed contract basis" based on the number of patients it generates to call the research center for an appointment to participate in a clinical study. Costs are recognized upon completion of the contracted recruitment campaign in order to match revenue generated from the campaign. For the year ended December 31, 2003, the Company recognized a total of $195,576 in revenue.

Advertising costs

The Company expenses all costs of advertising as incurred. There were no advertising costs included in general and administrative expenses as of December 31, 2003.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

CLINICAL TRIALS ASSISTANCE CORPORATION
(A DEVELOPMENT STAGE COMPANY)
FOOTNOTES

Fair value of financial instruments

Fair value estimates discussed herein are based upon certain market assumptions and pertinent information available to management as of December 31, 2003. The respective carrying value of certain on-balance-sheet financial instruments approximated their fair values. These financial instruments include cash and accounts payable. Fair values were assumed to approximate carrying values for cash and payables because they are short term in nature and their carrying amounts approximate fair values or they are payable on demand.

Impairment of long-lived assets

Long-lived assets held and used by the Company are reviewed for possible impairment whenever events or circumstances indicate the carrying amount of an asset may not be recoverable or is impaired. No such impairments have been identified by management at December 31, 2003.

Reporting on the costs of start-up activities

Statement of Position 98-5 (SOP 98-5), "Reporting on the Costs of Start-Up Activities," which provides guidance on the financial reporting of start-up costs and organizational costs, requires most costs of start-up activities and organizational costs to be expensed as incurred. SOP 98-5 is effective for fiscal years beginning after December 15, 1998. With the adoption of SOP 98-5, there has been little or no effect on the Company's financial statements.

Loss per share

Net loss per share is provided in accordance with Statement of Financial Accounting Standards No. 128 (SFAS #128) "Earnings Per Share". Basic loss per share is computed by dividing losses available to common stockholders by the weighted average number of common shares outstanding during the period. As of December 31, 2003, the Company had no dilutive common stock equivalents, such as stock options or warrants.

Dividends

The Company has not yet adopted any policy regarding payment of dividends. No dividends have been paid or declared since inception.

CLINICAL TRIALS ASSISTANCE CORPORATION
(A DEVELOPMENT STAGE COMPANY)
FOOTNOTES

Segment reporting

The Company follows Statement of Financial Accounting Standards No. 130, "Disclosures about Segments of an Enterprise and Related Information." The Company operates as a single segment and will evaluate additional segment disclosure requirements as it expands its operations.

Income taxes

The Company follows Statement of Financial Accounting Standard No. 109, "Accounting for Income Taxes" ("SFAS No. 109") for recording the provision for income taxes. Deferred tax assets and liabilities are computed based upon the difference between the financial statement and income tax basis of assets and liabilities using the enacted marginal tax rate applicable when the related asset or liability is expected to be realized or settled. Deferred income tax expenses or benefits are based on the changes in the asset or liability each period. If available evidence suggests that it is more likely than not that some portion or all of the deferred tax assets will not be realized, a valuation allowance is required to reduce the deferred tax assets to the amount that is more likely than not to be realized. Future changes in such valuation allowance are included in the provision for deferred income taxes in the period of change.

Deferred income taxes may arise from temporary differences resulting from income and expense items reported for financial accounting and tax purposes in different periods. Deferred taxes are classified as current or non-current, depending on the classification of assets and liabilities to which they relate. Deferred taxes arising from temporary differences that are not related to an asset or liability are classified as current or non-current depending on the periods in which the temporary differences are expected to reverse.

Recent pronouncements

In July 2002, the FASB issued SFAS No. 146, "Accounting for Costs Associated with Exit or Disposal Activities", which addresses financial accounting and reporting for costs associated with exit or disposal activities and supersedes EITF No. 94-3, "Liability Recognition for Certain Employee Termination Benefits and Other Costs to Exit an Activity (including Certain Costs Incurred in a Restructuring)." SFAS No. 146 requires that a liability for a cost associated with an exit or disposal activity be recognized when the liability is incurred. Under EITF No. 94-3, a liability for an exit cost was recognized at the date of an entity's commitment to an exit plan. SFAS No. 146 also establishes that the liability should initially be measured and recorded at fair value. The provisions of SFAS No. 146 will be adopted for exit or disposal activities that are initiated after December 31, 2002.

CLINICAL TRIALS ASSISTANCE CORPORATION
(A DEVELOPMENT STAGE COMPANY)
FOOTNOTES

Recent pronouncements (Continued)

In December 2002, the FASB issued SFAS No. 148, "Accounting for Stock-Based Compensation-Transition and Disclosure-an amendment of SFAS No. 123." This Statement amends SFAS No. 123, "Accounting for Stock-Based Compensation", to provide alternative methods of transition for a voluntary change to the fair value based method of accounting for stock-based employee compensation. In addition, this statement amends the disclosure requirements of SFAS No. 123 to require prominent disclosures in both annual and interim financial statements about the method of accounting for stock-based employee compensation and the effect of the method used on reported results. The adoption of SFAS No. 148 is not expected to have a material impact on the company's financial position or results of operations.

In November 2002, the FASB issued FASB Interpretation ("FIN") No. 45, "Guarantors Accounting and Disclosure Requirements for Guarantees, Including Indirect Guarantees and Indebtedness of Others", an interpretation of FIN No. 5, 57 and 107, and rescission of FIN No. 34, "Disclosure of Indirect Guarantees of Indebtedness of Others". FIN 45 elaborates on the disclosures to be made by the guarantor in its interim and annual financial statements about its obligations under certain guarantees that it has issued. It also requires that a guarantor recognize, at the inception of a guarantee, a liability for the fair value of the obligation undertaken in issuing the guarantee. The initial recognition and measurement provisions of this interpretation are applicable on a prospective basis to guarantees issued or modified after December 31, 2002; while, the provisions of the disclosure requirements are effective for financial statements of interim or annual periods ending after December 15, 2002. The company believes that the adoption of such interpretation will not have a material impact on its financial position or results of operations and will adopt such interpretation during fiscal year 2003, as required.

In January 2003, the FASB issued FIN No. 46, "Consolidation of Variable Interest Entities", an interpretation of Accounting Research Bulletin No. 51. FIN No. 46 requires that variable interest entities be consolidated by a company if that company is subject to a majority of the risk of loss from the variable interest entity's activities or is entitled to receive a majority of the entity's residual returns or both. FIN No. 46 also requires disclosures about variable interest entities that companies are not required to consolidate but in which a company has a significant variable interest. The consolidation requirements of FIN No. 46 will apply immediately to variable interest entities created after January 31, 2003. The consolidation requirements will apply to entities established prior to January 31, 2003 in the first fiscal year or interim period beginning after June 15, 2003. The disclosure requirements will apply in all financial statements issued after January 31, 2003. The company will begin to adopt the provisions of FIN No. 46 during the first quarter of fiscal 2003.

CLINICAL TRIALS ASSISTANCE CORPORATION
(A DEVELOPMENT STAGE COMPANY)
FOOTNOTES

Stock-Based Compensation

The Company accounts for stock-based awards to employees in accordance with Accounting Principles Board Opinion No. 25, "Accounting for Stock Issued to Employees" and related interpretations and has adopted the disclosure-only alternative of SFAS No. 123, "Accounting for Stock-Based Compensation." Options granted to consultants, independent representatives and other non-employees are accounted for using the fair value method as prescribed by SFAS No. 123.

Year end

The Company has adopted December 31 as its fiscal year end.

NOTE 3 - INCOME TAXES

The Company accounts for income taxes under Statement of Financial Accounting Standards No. 109, "Accounting for Income Taxes" ("SFAS No. 109"), which requires use of the liability method. SFAS No. 109 provides that deferred tax assets and liabilities are recorded based on the differences between the tax bases of assets and liabilities and their carrying amounts for financial reporting purposes, referred to as temporary differences. Deferred tax assets and liabilities at the end of each period are determined using the currently enacted tax rates applied to taxable income in the periods in which the deferred tax assets and liabilities are expected to be settled or realized.

The provision for income taxes differs from the amount computed by applying the statutory federal income tax rate to income before provision for income taxes. The sources and tax effects of the differences are as follows:

U.S federal statutory rate	(34.0%)
Valuation reserve	34.0%
Total	-%

CLINICAL TRIALS ASSISTANCE CORPORATION
(A DEVELOPMENT STAGE COMPANY)
FOOTNOTES

NOTE 4 - STOCKHOLDER'S EQUITY

The Company is authorized to issue 20,000,000 shares of $0.001 par value class A common stock, 2,000,000 shares of $0.001 par value series A preferred stock, 2,000,000 shares of $0.001 par value series B preferred stock, and 1,000,000 shares of $0.001 par value series C preferred stock. The series A preferred stock has voting rights with each share having a voting weight equal to 10 shares of 0.001 par value class A common stock, and each share may be converted to 10 shares of 0.001 par value class A common stock. The series B preferred stock has voting rights with each share having a voting weight equal to 2 shares of 0.001 par value class A common stock, and each share may be converted to 2 shares of 0.001 par value class A common stock. The series C preferred stock has no voting rights.

On April 30, 2002, the Company issued 10,000,000 shares of its $0.001 par value class A common stock to an individual who is an officer and director of the

Company in exchange for cash of $15,000.

On December 31, 2002, the Company closed and issued 2,000,000 shares of its $0.001 par value class A common stock in a Regulation D, Rule 504 offering for total cash received of $20,000.

There have been no other issuances of common and/or preferred stock.

NOTE 5 - WARRANTS AND OPTIONS

As of December 31, 2003, there are no warrants or options outstanding to acquire any additional shares of common and/ or preferred stock.

NOTE 6 - RELATED PARTY TRANSACTIONS

On April 30, 2002, the Company issued 10,000,000 shares of its $0.001 par value class A common stock to an individual who is an officer and director of the Company in exchange for cash of $15,000.

CLINICAL TRIALS ASSISTANCE CORPORATION
(A DEVELOPMENT STAGE COMPANY)
FOOTNOTES

NOTE 6 - RELATED PARTY TRANSACTIONS (CONTINUED)

An officer of the Company agreed to take no salary until the Company can generate enough revenues to support salaries on a regular basis. The estimated fair market value of the services rendered is valued at $12,000 per year. Total officer compensation expense is $12,000 for the year ended December 31, 2003. The offsetting accounting entry is included in "paid-in capital" since the officer does not expect to be compensated until the Company can generate enough revenues to support salaries on a regular basis.

As of December 31, 2003, the Company generated $14,400 in revenue from its pilot program with one physician researcher, Eugene Boling, M.D., owner of Boling Clinical Trials. Dr. Boling is also a Company director. The Company presented Dr. Boling with an invoice for expenses it incurred in recruiting patients through a mail program. Boling Clinical Trials paid the Company for this invoice of $14,400.

ITEM 8. CHANGES IN AND DISAGREEMENTS WITH ACCOUNTANTS ON ACCOUNTING AND

FINANCIAL DISCLOSURE.

Not applicable.

ITEM 8A. CONTROLS AND PROCEDURES

As of December 31, 2003, Clinical Trials Assistance Corporation carried out an evaluation of the effectiveness of the design and operation of its disclosure controls and procedures. This evaluation was carried out under the supervision and with the participation of management, including our Chief Principal Officer/Chief Financial Officer. Based upon that evaluation, our Chief Principal Officer/Chief Financial Officer concluded that Clinical Trials Assistance Corporation disclosure controls and procedures are effective. There have been no significant changes in our internal controls or in other factors that could significantly affect internal controls subsequent to the date we carried out the evaluation.

PART III

ITEM 9. DIRECTORS, EXECUTIVE OFFICERS, PROMOTERS AND CONTROL PERSONS; COMPLIANCE WITH SECTION 16(A) OF THE EXCHANGE ACT.

The names, ages and positions of the Company's directors and executive officers are as follows:

Name	Age	Position	Appointed
Kamill Rohny	63	Chairman of the Board President, CEO, CFO Secretary	April, 2002
Eugene P. Boling, M.D.	53	Director	Nov., 2002

B. Family relationships

None.

Work Experience

Kamill Rohny, Director, President, CEO/CFO, Secretary

Kamill Rohny had 32-years of service (December, 1969 through February, 2002) with Procter & Gamble Pharmaceuticals (formerly known as Norwich Eaton Pharmaceuticals). He voluntarily retired from the Company in February,

2002.

While at Procter and Gamble Pharmaceuticals, Kamill Rohny was a Regional Scientific Manager of the Professional Scientific Organization of Procter & Gamble Pharmaceuticals, leading and executing educational and clinical research projects, disseminating scientific data to national and regional physician thought leaders, in one-on-one and group settings. This resulted in the education of current and future treatment modalities.

Key strategies and activities included but were not limited to, working with clinical research departments in identifying investigators, clinical research centers, including site assessment and pre-study visits and served as a conduit for handling independent research proposals.

During his last year at Procter and Gamble Pharmaceuticals, Mr. Rohny designed, tested and implemented a patient recruitment program for people with osteoporosis that helped participants improve their bone health through self management. The company implemented his recruitment programs on a national level. These programs were not offered to physicians by any other pharmaceutical company. Pharmaceutical companies are in business to sell their pharmaceutical products through physician prescriptions. This was a patient recruitment program offered by a pharmaceutical which helped build goodwill, patient compliance and did not directly sell pharmaceutical products. After Mr. Rohny retired from Procter and Gamble Pharmaceuticals, his former employer did not actively pursue patient recruitment programs.

He plans to develop 25-30 hours per week to Clinical Trials Assistance Corporation ("CTAL").

Eugene P. Boling, M.D., F.A.C.P., F.A.C.R., Director

Office Address: 8283 Grove Avenue, Suite 203, Rancho Cucamonga, California 91730; Medical License # G57099

Private Practice Physician: Establishment of a single specialty group Rheumatology practice. The practice services an area in Southern California populated by of 500-600,000 people. Practice employs and is supported by twelve full time and five part-time personnel (not including the physician), 1986 to present.

Research Practice: Boling Clinical Trials a.k.a. Inland Clinical Research. 1989 to present. Boling Clinical Trials works with approximately fifteen pharmaceutical and biotechnology companies, in conducting human clinical trials for pharmaceutical products in their final stages of approval by the FDA. Dr. Boling is responsible for screening clinical study candidates and evaluating their response to these treatment modalities. The results of his work will help determine whether or not a pharmaceutical product offers any marked patient benefit and its subsequent FDA approval.

Clinical Assistant Professor, Rheumatology Department University of Southern California/ Los Angeles County Hospital 1987-1994 Clinical Assistant Professor, Rheumatology Department, Department of Medicine, Loma Linda University Loma Linda, California 1987-1997.

Military Service: Staff Internist, Malcolm Grow USAF Hospital, Andrew AFB, Wash. D.C. 1979-1981; Fellowship 1981-1983; Staff Rheumatologist, Malcolm Grow, USAF Hospital, 1983-1986; Visiting Research Institute, Naval Medical Research Institute, Bethesda, Maryland, 1983-1986; Acting Director, Malcolm Grow U.S. Air Force Rheumatology fellowship program, 1983-1986.

Education: FELLOWSHIP: Johns Hopkins University, 1981-1983. Baltimore, Maryland Rheumatology fellowship; RESIDENCY: University of Utah, 1977-1979. Salt Lake City, Utah. INTERNSHIP: University of Utah, 1976-1977. Bachelor of Science, University of California at Los Angeles School of Medicine, 1972-1976; M.D. Degree. Loyola University Los Angeles, 1968-1972.

SECTION 16(A) BENEFICIAL OWNERSHIP REPORTING COMPLIANCE

Section 16(a) of the Securities Exchange Act of 1934 requires our directors and executive officers, and persons who beneficially own more than ten percent of a registered class of our equity securities (referred to as "reporting persons"), to file with the Securities and Exchange Commission initial reports of ownership and reports of changes in ownership of common stock and other Clinical Trials Assistance Corporation equity securities. Reporting persons are required by Commission regulations to furnish us with copies of all Section 16(a) forms they file.

ITEM 10. EXECUTIVE COMPENSATION.

As a result of our the Company's current limited available cash, no officer or director received compensation during the fiscal year ended December 31, 2003. Clinical Trials Assistance Corporation intends to pay salaries when cash flow permits. No officer or director received stock options or other non-cash compensation during the fiscal year ended December 31, 2003.

SUMMARY COMPENSATION TABLES

		Annual Compensation		
Name and Principal Position	Year	Salary ($)	Bonus ($)	Other Annual Compensation ($)
Kamill Rohny Director, CEO/CFO, President	2003	-0-	-0-	-0-
	2002	-0-	-0-	-0-
Eugene Boling, M.D. Director	2003	-0-	-0-	-0-
	2002	-0-	-0-	-0-

Long Term Compensation Table

			Long Term Compensation			
			Awards		Payouts	
Name and Principal Position	Year	Restricted Award(s)($)	Stock Securities Underlying Options/ SARs(#)		LTIP Payouts ($)	All Other Compensation ($)
Kamill Rohny Director CEO/CFO, President	2003	-0-	-0-		-0-	-0-
	2002	-0-	-0-		-0-	-0-
Eugene Boling, M.D. Director	2003	-0-	-0-		-0-	-0-
	2002	-0-	-0-		-0-	-0-

The Company currently does not have employment agreements with its executive officer. The executive officer will not draw any salary from the Company, and the Company - in order to prudently manage its limited financial resources - does not plan on compensating its executive officers for their present services rendered to the Company for the foreseeable future while Clinical Trials is in its early stages.

ITEM 11. SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT

A. Security Ownership

The table below sets forth certain information with respect to beneficial ownership of our stock as of March 16, 2003 by:

- persons known by us to be the beneficial owners of more than five percent (5%) of our issued and outstanding common or preferred stock;
- each of our executive officers and directors; and
- all of our officers and directors as a group.

Title of Class	Name and Address of Beneficial Owner of Shares	Position	Amount of shares held by Owner (1)	Date Acquired	Percent of Class (2)
Common	Kamill Rohny (3)	Pres./CEO	30,000,000	04/30/02	83.33%
	Eugene P. Boling, M.D.(3)	Director	0	-	-
All Executive Officers as a Group (2 persons)			30,000,000		83.33%

(1) This ownership number reflect the March 15, 2004 three-for-one forward stock split.

(2) The percentages listed in the Percent of Class column are based upon 36,000,000 issued and outstanding shares of Common Stock.

(3) c/o Clinical Trials Assistance Corporation, 2078 Redwood Crest, Vista, California 92081.

B. Persons Sharing Ownership of Control of Shares

The following own or share the power to vote five percent (5%) or more of the Company's securities: Kamill Rohny, President, Clinical Trials Assistance Corporation has indicated that he would vote in favor of the Proposals in this Proxy Statement.

C. Non-voting Securities and Principal Holders Thereof

The Company has not issued any non-voting securities.

D. Options, Warrants and Rights

There are outstanding options, warrants or rights to purchase securities of the Company. At the Company's annual shareholder's meeting held on March 5, 2004, the sharesholders approved the issuance warrants to purchase up to 1,800,000 shares of the Company's Common Stock. No warrants have been issued.

E. Parents of the Issuer

Under the definition of parent, as including any person or business entity who controls substantially all (more than 80%) of the issuers of common stock, the Company has no parents.

ITEM 12. CERTAIN RELATIONSHIPS AND RELATED TRANSACTIONS

By Board Resolution, the Company hired the professional services of Beckstead and Watts, LLP, Certified Public Accountants, to perform audited financials for

the Company. The members of the firm of Beckstead and Watts, LLP own no stock in the Company.

The Company conducts evaluations of its recruiting methods at Boling Clinical Trials, a.k.a. Inland Clinical Research in Rancho Cucamonga, California. This research facility is owned and operated by Eugene P. Boling, M.D. who is a Director of the Company. This arrangement benefits both the Company and Dr. Boling, in that, it helps the Company develop and define its methodologies for recruiting patients in a real clinical setting; and, it helps Dr. Boling recruit patients for his clinical studies. Dr. Boling receives no direct compensation from the Company other than the Company helping him to recruit patients. Dr. Boling provides the management of the Company with feedback as to which methodologies work best in recruiting patients during this developmental program. Dr. Boling has paid Clinical Trials Assistance Corporation $14,400 to cover hard costs which included postage for a recruitment mailing.

Since Dr. Boling performs services for the Company at no cost, and helps the Company improve its recruitment methodologies, the fees Boling Clinical Trials paid to the Company were on terms more favorable as could have been obtained from unrelated third parties. This is due to the fact that services provided by Boling Clinical Trials are more valuable then the services the Company provides to Boling Clinical Trials. Said differently, Boling Clinical Trials does not need CTAL to build its business; however, CTAL needs Boling Clinical Trials to build its business and help validate its patient recruitment methodologies. Without Boling Clinical Trials, it would be very difficult for the Company's management to field test recruitment methods for different patient types, e.g., osteoarthritis ("OA")patient recruitment, rheumatoid arthritis ("RA") patient recruitment.

The officers and directors of the Company are involved in other business activities and may, in the future, become involved in other business opportunities. If a specific business opportunity becomes available, such persons may face a conflict in selecting between the Company and their other business interests. The Company has not formulated a policy for the resolution of such conflicts.

ITEM 13. EXHIBITS AND REPORTS ON FORM 8-K.

(a) EXHIBITS.

3.3	Amended Articles of Incorporation, filed with the Nevada Secretary of State on March 8, 2004.
31.1	Certification of Principal Executive Officer and Chief Financial Officer to Section 302 of the Sarbanes-Oxley Act of 2002, promulgated under the Securities Exchange Act of 1934, as amended.
32.1	Certification of Chief Executive Officer and Chief Financial Officer pursuant to 18 U.S.C. Section 1350, as adopted pursuant to Section 906 of the Sarbanes-Oxley Act of 2002.

(b) REPORTS ON FORM 8-K

The Company filed a Current Report dated March 11, 2003 on Form 8-K containing information pursuant to Item 4 ("Changes in Accountants") entitled "Changes in Registrant's Certifying Account." (See Item 8 above, entitled, "Changes in and Disagreements with Accountants on Accounting")

Item 14. Principal Accountant Fees and Services

AUDIT FEES

The aggregate fees billed to the Company by Beckstead and Watts, LLP for the audit of its annual financial statements for the fiscal year ended December 31, 2002, as filed on Form 10-KSB and for the reviews of the financial statements included in the Company's quarterly reports on Form 10-QSB during 2003, and for audit of the period April 22, 2002 (Inception) through December 31, 2003 as filed in the Company's Registration Statement on Form 10SB12G were $12,000.

AUDIT-RELATED FEES

Beckstead and Watts, LLP did not bill the Company for any assurance and related services reasonably related to the performance of the audit or review of the Company's financial statements which are not disclosed above.

TAX FEES

Beckstead and Watts, LLP did not bill the Company for professional services rendered for tax compliance, tax advice, and tax planning in fiscal 2003.

ALL OTHER FEES

There were no other fees billed to the Company by Beckstead and Watts, LLP since its inception on April 22, 2002 through December 31, 2003.

SIGNATURES

In accordance with Section 13 or 15(d) of the Securities Exchange Act of 1934, as amended, the registrant caused this report to be signed on its behalf by the undersigned and duly authorized on March 22, 2004.

Clinical Trials Assistance Corporation

(Registrant)

By: /s/ Kamill Rohny

Kamill Rohny
Chairman of the Board
President
Chief Executive Officer

Chief Financial Officer

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has caused this report to be signed on its behalf by the undersigned, hereunto duly authorized.

Date: March 22, 2004 By: /s/ Kamill Rohny

Kamill Rohny
President, CEO and CFO
Director and Corporate Secretary