2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000773

Entity Name: CALIFORNIA EASTERN LABORATORIES, INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
4590 PATRICK HENRY DRIVE SANTA CLARA, CA 95054					
Current Mailing Address:			New Mailin	New Mailing Address:	
4590 PATRICK HENRY DR. SANTA CLARA, CA 95054					
FEI Number: 9	94-1508560	FEI Number Applied For ()	l Number Not Applic	licable () Certificate of Status Desired ()	
Name and A	Address of (Current Registered Agent:	Name and A	Address of New Registered Agent:	
JOHNSON, TERRY M 116 SPRING HOLLOW BLVD APOPKA, FL 32712 US					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:					
Election Cami		nic Signature of Registered Agent g Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	MINTON, PAUL	HENRY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ARDEN, JERR	HENRY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KANEKO, MAS	HENRY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SARGENT, MA	HENRY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DP () Change (X) Addition TENEDORIO, JAIME 4590 PATRICK HENRY DRIVE SANTA CLARA, CA 95054	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition WINKLER, GEOFFREY C 4590 PATRICK HENRY DRIVE SANTA CLARA, CA 95054	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK SARGENT CFO 04/01/2009