


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P38966 1. Entity Name ARB, INC. OF CALIFORNIA	
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Principal Place of Business
26000 COMMERCE CENTRE DR
LAKE FOREST, CA 92630 US

Mailing Address
PO BOX 5166
LAKE FOREST, CA 92630 US



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-2159777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000419194
02/14/06-80037-020 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRATT, BRIAN E. 26000 COMMERCE CENTRE DR LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THEEUWES, ALFONS 26000 COMMERCE CENTRE DR. LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SCHAUERMAN, JOHN P 26000 COMMERCE CENTRE DR LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CGC PERISICH JOHN M 26000 COMMERCE CENTRE DR LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06
Date

Daytime Phone #