


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # P38966
 1. Entity Name
 ARB, INC. OF CALIFORNIA



Principal Place of Business Mailing Address
 26000 COMMERCENTRE DR PO BOX 5166
 LAKE FOREST, CA 92630 US LAKE FOREST, CA 92630 US

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-2159777	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRATT, BRIAN E. 26000 COMMERCENTRE DR LAKE FOREST, CA 99263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THEEUWES, ALFONS 26000 COMMERCENTRE DR. LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SCHAUERMAN, JOHN P 26000 COMMERCENTRE DR LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CGC PERISICH JOHN M 26000 COMMERCENTRE DR LAKE FOREST, CA 92630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/23/08-80045-007 158.75

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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:  **John M. Perisich** 1/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #