


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P95000089636

1. Entity Name
FTB, INC.



Principal Place of Business
17901 VON KARMAN
IRVINE, CA 92614 US

Mailing Address
17901 VON KARMAN
PO BOX 35910
IRVINE, CA 92614 US

1000000488397
 04/17/06-60005-009 150.00



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-1203908 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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

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**

10. OFFICERS AND DIRECTORS

TITLE	VPSD
NAME	EMMONS, STEVEN L
STREET ADDRESS	17901 VON KARMAN
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	CFO
NAME	O'NEAL, KATHLEEN
STREET ADDRESS	17901 VON KARMAN
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	PD
NAME	LORA, MELISSA
STREET ADDRESS	17901 VON KARMAN
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	D
NAME	SHIRLEY, R. BRYCE
STREET ADDRESS	17901 VON KARMAN
CITY-ST-ZIP	IRVINE, CA 92614
TITLE	AS
NAME	STEARMAN, JEFFREY
STREET ADDRESS	1900 COLONEL SANDERS LANE
CITY-ST-ZIP	LOUISVILLE, KY 40213
TITLE	AS
NAME	BERRY-SMITH, BRIDGETTE A
STREET ADDRESS	17901 VON KARMAN
CITY-ST-ZIP	IRVINE, CA 92614

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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:  DATE: **3/27/06** DAYTIME PHONE #: **949-863-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR