


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90045 047 ***158.75

DOCUMENT # F07000003969

1. Entity Name
 O CHK, INC.



Principal Place of Business
 600 LA TERRAZA BLVD.
 ESCONDIDO, CA 92025

Mailing Address
 600 LA TERRAZA BLVD.
 ESCONDIDO, CA 92025

DO NOT WRITE IN THIS SPACE

40006428



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0567674	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____ (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	VC LEWIS, THOMAS A CEO 600 LA TERRAZA BLVD. ESCONDIDO, CA 92025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALINO, GARY M COF 600 LA TERRAZA BLVD. ESCONDIDO, CA 92025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MEURER, PAUL A CFO 600 LA TERRAZA BLVD. ESCONDIDO, CA 92025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PFEIFFER, MICHAEL R EXEC 600 LA TERRAZA BLVD. ESCONDIDO, CA 92025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLINS, RICHARD G EXEC 600 LA TERRAZA BLVD. ESCONDIDO, CA 92025
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: Michael R. Pfeiffer **MICHAEL R. PFEIFFER** 1/11/08 (760) 741-2111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #