

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000773

FILED
Feb 12, 2004
Secretary of State

Entity Name: CALIFORNIA EASTERN LABORATORIES, INC.

Current Principal Place of Business:

445 DOUGLAS AVE., STE 2005-19
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

4590 PATRICK HENRY DR.
SANTA CLARA, CA 95054

New Mailing Address:

FEI Number: 94-1508560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, TERRY M
445 DOUGLAS AVE., STE 2005-19
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURMEISTER, ROBERT A
Address: 4590 PATRICK HENRY DRIVE
City-St-Zip: SANTA CLARA, CA 95054

Title: DV () Delete
Name: MINTON, PAUL
Address: 4590 PATRICK HENRY DRIVE
City-St-Zip: SANTA CLARA, CA 95054

Title: PCD () Delete
Name: ARDEN, JERRY A
Address: 4590 PATRICK HENRY DRIVE
City-St-Zip: SANTA CLARA, CA 95054

Title: D () Delete
Name: MINEO, AKIRA
Address: 4590 PATRICK HENRY DRIVE
City-St-Zip: SANTA CLARA, CA 95054

Title: D () Delete
Name: MCCARVER, MICHAEL D
Address: 4590 PATRICK HENRY DRIVE
City-St-Zip: SANTA CLARA, CA 95054

Title: V () Delete
Name: SARGENT, MARK A
Address: 4590 PATRICK HENRY DRIVE
City-St-Zip: SANTA CLARA, CA 95054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILSON, IVA DR.
Address: 4590 PATRICK HENRY DRIVE
City-St-Zip: SANTA CLARA, CA 95054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

Electronic Signature of Signing Officer or Director

CFO

02/12/2004

_____ Date