

04-679121



# State of California

Kevin Shelley  
Secretary of State

47

## STATEMENT OF INFORMATION (Domestic Nonprofit Corporation)

Filing Fee \$20.00 — If amendment, see instructions.

### IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME: (Please do not alter if name is preprinted.)

C2364804 RE NOTICE DATE 04/16/04 01173N SL  
ACTIVELY RESTORING KIDS  
INTERNATIONAL  
6115 ARLINGTON AVE  
RIVERSIDE CA 92504

**FILED**  
In the office of the Secretary of State  
of the State of California

MAY 3 2004

*Kevin Shelley*  
KEVIN SHELLY, SECRETARY OF STATE

*#255/415 Ref.*

This Space For Filing Use Only

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Item 2 cannot be a PO Box.)

|   |           |       |          |
|---|-----------|-------|----------|
| 2. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY (If none, complete Item 3.) | CITY      | STATE | ZIP CODE |
| 6115 ARLINGTON AVE  | RIVERSIDE | CA    | 92504    |

|                    |                |          |
|--------------------|----------------|----------|
| 3. MAILING ADDRESS | CITY AND STATE | ZIP CODE |
| P. O. BOX 2342     | RIVERSIDE      | CA 92516 |

NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this statement must not be altered.)

|                             |                                      |                |          |
|-----------------------------|--------------------------------------|----------------|----------|
| 4. CHIEF EXECUTIVE OFFICER/ | ADDRESS                              | CITY AND STATE | ZIP CODE |
| WES DENTHAM.                | 23 YELLOW BRICK ROAD TROY, MO 63379. |                |          |

|               |   |                |          |
|---------------|---|----------------|----------|
| 5. SECRETARY/ | ADDRESS                                 | CITY AND STATE | ZIP CODE |
| RICK SCHUTTE  | 6115 ARLINGTON AVE RIVERSIDE, CA 92504. |                |          |

|                             |         |                |          |
|-----------------------------|---------|----------------|----------|
| 6. CHIEF FINANCIAL OFFICER/ | ADDRESS | CITY AND STATE | ZIP CODE |
| (SAME AS ABOVE)             |         |                |          |

#### AGENT FOR SERVICE OF PROCESS

- If an individual, the agent must reside in California and Item 8 must be completed with a California address.
- If another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 8 must be left blank.

7. NAME OF AGENT FOR SERVICE OF PROCESS

|                     |           |       |          |
|---------------------|-----------|-------|----------|
| RICHARD P. SCHUTTE  | CITY      | STATE | ZIP CODE |
| 6115 ARLINGTON AVE. | RIVERSIDE | CA    | 92504    |

DAVIS-STIRLING COMMON INTEREST DEVELOPMENT ACT (California Civil Code section 1350, et seq.)

|  |   |
|--|---|
| 9. <input checked="" type="checkbox"/> | CHECK HERE IF THE CORPORATION IS AN ASSOCIATION FORMED TO MANAGE A COMMON INTEREST DEVELOPMENT UNDER THE DAVIS-STIRLING COMMON INTEREST DEVELOPMENT ACT AND PROCEED TO ITEMS 10, 11, 12 AND 13. |
|--|---|

NOTE: CORPORATIONS FORMED TO MANAGE A COMMON INTEREST DEVELOPMENT MUST ALSO FILE A STATEMENT BY COMMON INTEREST DEVELOPMENT ASSOCIATION (FORM SI-CID) AS REQUIRED BY CALIFORNIA CIVIL CODE SECTION 1363.6. PLEASE SEE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.

|  |      |       |          |
|--|------|-------|----------|
| 10. ADDRESS OF BUSINESS OR CORPORATE OFFICE OF THE ASSOCIATION, IF ANY | CITY | STATE | ZIP CODE |
| N/A  |      |       |          |

|   |                  |
|---|------------------|
| 11. FRONT STREET AND NEAREST CROSS STREET FOR THE PHYSICAL LOCATION OF THE COMMON INTEREST DEVELOPMENT<br>(Complete if the business or corporate office is not on the site of the common interest development.) | 9-DIGIT ZIP CODE |
| N/A   |                  |

|  |      |       |          |
|--|------|-------|----------|
| 12. NAME AND ADDRESS OF ASSOCIATION'S MANAGING AGENT, IF ANY | CITY | STATE | ZIP CODE |
| N/A.   |      |       |          |

|                              |  |
|------------------------------|--|
| 13. <input type="checkbox"/> | CHECK HERE IF THE ASSOCIATION'S MANAGING AGENT IS CERTIFIED PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 11502. |
|------------------------------|--|

14. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

*RICHARD P. SCHUTTE*

*Richard P. Schutte* *Treasurer* *4-27-04*

SIGNATURE

TITLE

DATE

TYPE OR PRINT NAME OF OFFICER OR AGENT

APPROVED BY SECRETARY OF STATE

SI-100 (REV 04/2003)