


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90074 042 ***150.00

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DOCUMENT # F03000002827					
1. Entity Name LIQUIDMETAL TECHNOLOGIES, INC.					
Principal Place of Business 25800 COMMERCENTRE DRIVE, STE. 100 LAKE FOREST, CA 92630			Mailing Address 25800 COMMERCENTRE DRIVE, STE. 100 LAKE FOREST, CA 92630		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
F&L-CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANG, JAMES		NAME	SALAS, RICARDO	
STREET ADDRESS	25800 COMMERCENTRE DRIVE, STE. 100		STREET ADDRESS	25800 COMMERCENTRE DR., STE 100	
CITY-ST-ZIP	LAKE FOREST, CA 92630		CITY-ST-ZIP	LAKE FOREST, CA 92630	
TITLE	CP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANG, JOHN		NAME	JOHN, KANG	
STREET ADDRESS	25800 COMMERCENTRE DRIVE, STE. 100		STREET ADDRESS	25800 COMMERCENTRE DR., STE. 100	
CITY-ST-ZIP	LAKE FOREST, CA 92630		CITY-ST-ZIP	LAKE FOREST, CA 92630	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADDONISIO, VINCENT		NAME	TANELLA, DEAN	
STREET ADDRESS	25800 COMMERCENTRE DRIVE, STE. 100		STREET ADDRESS	25800 COMMERCENTRE DR., STE 100	
CITY-ST-ZIP	LAKE FOREST, CA 92630		CITY-ST-ZIP	LAKE FOREST, CA 92630	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, WILLIAM		NAME	BIEHL, ROBERT	
STREET ADDRESS	25800 COMMERCENTRE DRIVE, STE. 100		STREET ADDRESS	25800, COMMERCENTRE DR., STE 100	
CITY-ST-ZIP	LAKE FOREST, CA 92630		CITY-ST-ZIP	LAKE FOREST, CA 92630	
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BINNIE, DAVID		NAME	CHO, CHANG KI	
STREET ADDRESS	25800 COMMERCENTRE DRIVE, STE. 100		STREET ADDRESS	25800 COMMERCENTRE DR., STE 100	
CITY-ST-ZIP	LAKE FOREST, CA 92630		CITY-ST-ZIP	LAKE FOREST, CA 92630	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THIAN SONG, TJOA		NAME	YOUNG HAN, YOUNG	
STREET ADDRESS	25800 COMMERCENTRE DRIVE, STE. 100		STREET ADDRESS	25800 COMMERCENTRE DR., STE. 100	
CITY-ST-ZIP	LAKE FOREST, CA 92630		CITY-ST-ZIP	LAKE FOREST, CA 92630	
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: Jan 25, 2005 949-206-8009		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		