


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90061 006 \*\*\*150.00

<b>DOCUMENT # F05000003580</b>					
1. Entity Name TIMBRE TECHNOLOGIES, INC.					
Principal Place of Business 2953 BUNKER HILL LANE SANTA CLARA, CA 95054			Mailing Address 2953 BUNKER HILL LANE SANTA CLARA, CA 95054		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <i>Ste. 301</i>		Suite, Apt. #, etc. <i>Ste. 301</i>		01092006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 94-3310672	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			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 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATO, KIYOSHI		NAME		
STREET ADDRESS	2953 BUNKER HILL LANE		STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA, CA 95054		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLET, ALAN I		NAME	<i>Nolet, Alan D.</i>	
STREET ADDRESS	2953 BUNKER HILL LANE		STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA, CA 95054		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPP, ZOLTAN		NAME		
STREET ADDRESS	2953 BUNKER HILL LANE		STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA, CA 95054		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAEKI, YUKIO		NAME		
STREET ADDRESS	2953 BUNKER HILL LANE		STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA, CA 95054		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMAJIMA, MASAHICO		NAME		
STREET ADDRESS	2953 BUNKER HILL LANE		STREET ADDRESS		
CITY-ST-ZIP	SANTA CLARA, CA 95054		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>1/10/06</i> Daytime Phone #: <i>650-224-3085</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					