2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Mailing Address

PO BOX 7598

3. Mailing Address

City & State

Zìp

Suite, Apt. #, etc.

Suite A

FREMONT, CA 94537

US

DOGUMENT # L28378

5415 Dumbarton Ct. Newark, CA 94560

Country

6. Name and Address of Current Registered Agent

SAIPLAS CORPORATON

Principal Place of Business

-32760 MONO LAKE LN FREMONT, CA 94555 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

TSAI, JAMES T

402 13TH AVE N

Zip

1. Entity Name

28378 SECRETARY OF STATE DIVISION OF CORPORATIONS 02262006 Cha-P CR2E034 (11/05) 4. FEI Number Applied For 94-2928688 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City Zip Code \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition ☐ Addition 400076431624 06/21/06--01005--011 ☐ Change ☐ Addition **4000764**3 05/26/06--01005--CFO☐ Change Addition Bianco, Michael F 420 Oak Rim Dr. Hillsborough

JACKSONVILLE BEACH, FL 32250 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PΠ ☐ Delete TITLE TITLE TSAL JAMES T. NAME NAME -32760 Mono Lake La 0544 HUNTERS CREEK N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL Fremont, CA 94555 CITY-ST-ZIP VD Delete TITLE TITLE TSAI, NANCY LIN NAME NAME 8644 HUNTERS CREEKN 32760 Mono Lake In. STREET ADDRESS STREET ADDRESS WACKSONVILLE, EL CITY-ST-ZIP Fremont CA 94555 CITY-ST-ZIP **⊠** Delete TITLE DITLE JIANG, STEVE NAME NAME 311 PEACHTREE HILL AVE, APT 16C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA CITY-ST-ZIP TITLE D Delete TITLE LOH, YIN C. NAME NAME STREET ADDRESS 730 SUMMIT CIRCLE S.E. STREET ADDRESS N. CANTON, OH CITY - ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 345061 CITY-ST-ZIP CITY - ST - ZIP Fremont. 12. I hereby certify that the information supplied with this filling 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 arrattratement with an address, with all other like)empowered. Jan Nancy L. Tsai SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR