


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90060 003 ***158.75

DOCUMENT # P06000152060		
1. Entity Name AMLINK TECHNOLOGIES, INC.		

Principal Place of Business 32760 MONO LAKE LANE FREMONT, CA 94555	Mailing Address P. O. BOX 7598 FREMONT, CA 94555
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2. Principal Place of Business - No P.O. Box # 1037 Madsen Ct	3. Mailing Address 1037 Madsen Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pleasanton, CA	City & State Pleasanton, CA	4. FEI Number 71-1019330	Applied For Not Applicable
Zip 94566	Country USA	Zip 94566	Country USA

01152008 Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired	\$8.75 Additional Fee Required

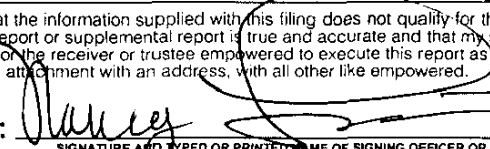
6. Name and Address of Current Registered Agent TSAI, NANCY 402 13TH AVE. NORTH, #A JACKSONVILLE BCH, FL 32250	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD TSAI, JAMES 32760 MONO LAKE LANE FREMONT, CA 94555	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1037 Madsen Ct Pleasanton, CA 94566	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: 	Nancy L. Tsai - 15 - 2008 (925) 426-11 77
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #