



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |                    |                                                          |                                              |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------|----------------------------------------------|--------------------|
| 1. Corporate ID No.<br><b>151125</b>                                                                                                                       |                    | 2. Name of Corporation<br><b>Asia Talk Telecom, Inc.</b> |                                              |                    |
| 3. Street Address Principal Business Office<br><b>14778 Pipeline Ave.</b>                                                                                  |                    | <b>Suite A</b>                                           | City<br><b>Chino Hills</b>                   | State<br><b>CA</b> |
| 4. Business Phone No.<br><b>(800) 719-1688</b>                                                                                                             |                    | 5. State of Incorporation<br><b>California</b>           |                                              |                    |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Telecommunications</b>                                                   |                    |                                                          |                                              |                    |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |                                                          |                                              |                    |
| President Name<br><b>Michael Tu</b>                                                                                                                        |                    | Vice President Name<br><b>Michael Tu</b>                 |                                              |                    |
| Street Address<br><b>14778 Pipeline Ave.</b>                                                                                                               |                    | <b>Suite A</b>                                           | Street Address<br><b>14778 Pipeline Ave.</b> |                    |
| City<br><b>Chino Hills</b>                                                                                                                                 | State<br><b>CA</b> | Zip<br><b>91709</b>                                      | City<br><b>Chino Hills</b>                   | State<br><b>CA</b> |
| Secretary Name<br><b>Michael Tu</b>                                                                                                                        |                    | Treasurer Name<br><b>Michael Tu</b>                      |                                              |                    |
| Street Address<br><b>14778 Pipeline Ave.</b>                                                                                                               |                    | <b>Suite A</b>                                           | Street Address<br><b>14778 Pipeline Ave.</b> |                    |
| City<br><b>Chino Hills</b>                                                                                                                                 | State<br><b>CA</b> | Zip<br><b>91709</b>                                      | City<br><b>Chino Hills</b>                   | State<br><b>CA</b> |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |                                                          |                                              |                    |
| Director Name<br><b>Michael Tu</b>                                                                                                                         |                    | Director Name                                            |                                              |                    |
| Street Address<br><b>14778 Pipeline Ave.</b>                                                                                                               |                    | <b>Suite A</b>                                           | Street Address                               |                    |
| City<br><b>Chino Hills</b>                                                                                                                                 | State<br><b>CA</b> | Zip<br><b>91709</b>                                      | City                                         | State              |
| Director Name                                                                                                                                              |                    | Director Name                                            |                                              |                    |
| Street Address                                                                                                                                             |                    | Street Address                                           |                                              |                    |
| City                                                                                                                                                       | State              | Zip                                                      | City                                         | State              |
| 9. SHARES AUTHORIZED<br><b>20,000,000.00</b>                                                                                                               |                    |                                                          |                                              |                    |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                        |                    |                                                          |                                              |                    |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                                                                                             |                    |                                                          |                                              |                    |
| Number of Shares<br><b>100.00</b>                                                                                                                          |                    | Class/Series<br><b>CWP</b>                               | Par Value<br><b>0</b>                        |                    |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |                    |                                                          |                                              |                    |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

|                                 |  |
|---------------------------------|--|
| <b>FILED</b>                    |  |
| File Date<br><b>FEB 17 2009</b> |  |
| Check No.                       |  |
| By: <b>4028</b>                 |  |
| FOR SECRETARY OF STATE USE ONLY |  |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature **Janet Willis** Date **2/9/09**  
Print or Type Name **Janet Willis**  
Title **Attorney in fact**