2006 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-SI-ZIF

SIGNATURE:

Mar 20, 2006 08:00 AM Secretary of State DOCUMENT # P03000128607 REKLAW, INC. Principal Place of Business Mailing Address PO BOX 540316 PO BOX 540316 ORLANDO, FL 32854-0316 ORLANDO, FL 32854-0316 CR2E034 (11/05) No Chg-P 02232006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1899992 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WALKER, HERBERT B 2895 MERCY DRIVE ORLANDO, FL 32808 IN THIS SPACE 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 it applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE WALKER, HERBERT B NAME STREET ADDRESS PO BOX 540316 C//Y-ST-219 ORLANDO, FL 328540318 TITLE 03/31/06-80021**-0**05 150**.**00 NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CATY-ST-ZIP NAME STREET ADDRESS 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 charged, or on an attachment with an activess, with all other the empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone 8

Date