## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 30, 2007 08:00 A Secretary of State DOCUMENT # P03000128607 1. Entity Name 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) 01182007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 14-1899992 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALKER, HERBERT B DO NOT WRITE 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WALKER, HERBERT B NAME STREET ADDRESS PO BOX 540316 CITY-ST-ZIP ORLANDO, FL 328540316 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE U000000747087 NAME 05/17/07-80012-018 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 enjoywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with trustee enipowered to execute this report as an address, with an other like empowered.

FILED

Daytime Phone #