
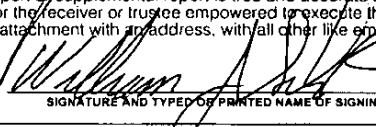


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90239 015 ***150.00

DOCUMENT # P00000090783					
1. Entity Name RECLAIMED, INC.					
Principal Place of Business 9057 E. ORANGE AVENUE FLORAL CITY, FL 34436			Mailing Address 9057 E. ORANGE AVENUE FLORAL CITY, FL 34436		
2. Principal Place of Business 18560 HANCOCK BLUFF ROAD Suite, Apt. #, etc.		3. Mailing Address 18560 HANCOCK BLUFF ROAD Suite, Apt. #, etc.			
City & State DADE CITY FLORIDA		City & State DADE CITY FLORIDA		4. FEI Number 59-3676663	
Zip 33523		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRODER, WILLIAM J 9057 E. ORANGE AVENUE FLORAL CITY, FL 34436			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18560 HANCOCK BLUFF ROAD City DADE CITY FL Zip Code 33523		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRODER, WILLIAM J 9057 E. ORANGE AVENUE FLORAL CITY, FL 34436 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18560 HANCOCK BLUFF ROAD DADE CITY, FL 33523	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD SCHRODER, CHERYL A 9057 E. ORANGE AVENUE FLORAL CITY, FL 34436 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18560 HANCOCK BLUFF ROAD DADE CITY, FL 33523	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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  WILLIAM J. SCHRODER			Date 02-24-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		