2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112780

Entity Name: RECLARO, INC

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5450 FLINTWOOD CT PENSACOLA, FL 32504

Current Mailing Address: New Mailing Address:

5450 FLINTWOOD CT PENSACOLA, FL 32504

FEI Number: 16-1708875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARISSE, CARISSA 5447 FLINTWOOD CT PENSACOLA, FL 32504 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 CARISSE, CARISSA
 Name:
 CARISSE, CARISSA

 Address:
 5447 FLINTWOOD CT
 Address:
 5447 FLINTWOOD CT

Address: 5447 FLINTWOOD CT

City-St-Zip: PENSACOLA, FL 32504

City-St-Zip: PENSACOLA, FL 32504

Title: V () Delete Title: VP (X) Change () Addition Name: TORTAJADA, ROBERT JR Name: TORTAJADA, ROBERT JR

Address: 2568 JASMINE RD Address: 2568 JASMINE RD
City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32128

Title: S () Delete Title: SECR (X) Change () Addition

Name: TORTAJADA, ROBERT SR Name: TORTAJADA, ROBERT SR

 Address:
 2568 JASMINE RD
 Address:
 2568 JASMINE RD

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:
 PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT TORTAJADA SECR 01/17/2006