2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P04000112780

Entity Name: RECLARO, INC

Current Principal Place of Business:

5450 FLINTWOOD CT
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5450 FLINTWOOD CT
PENSACOLA, FL 32504

New Mailing Address:

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

Name and Address of Current Registered Agent:

CARISSE, CARISSA
5447 FLINTWOOD CT
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

CARISSE, CARISSA
1089 TIGER TRACE BLVD.
GULF BREEZE, FL 32563 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: 03/26/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CARISSE, CARISSA
Address: 5447 FLINTWOOD CT
City-St-Zip: PENSACOLA, FL 32504

Title: VP ( ) Delete
Name: TORTAJADA, ROBERT JR
Address: 2568 JASMINE RD
City-St-Zip: PORT ORANGE, FL 32128

Title: SECR ( ) Delete
Name: TORTAJADA, ROBERT SR
Address: 2568 JASMINE RD
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CARISSE, CARISSA
Address: 1089 TIGER TRACE BLVD.
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 03/26/2009
Electronic Signature of Signing Officer or Director — Date