2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State
03-27-2006 90237 004 ***150.00

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1. Entity Name
SALVAGE, INC.

Principal Place of Business	Mailing Address
5000 SE FEDERAL HWY #706 STUART, FL 34997	5000 SE FEDERAL HWY #706 STUART, FL 34997

03192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2702 SE Janet St	2702 SE Janet St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart FL	City & State: Stuart FL
Zip: 34997 Country: Martin	Zip: 34997 Country: Martin

4. FEI Number: 27-0111134 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LONG, THOMAS E 5000 SE FEDERAL HWY #706 STUART, FL 34997	Name: Long Thomas E. Street Address (P.O. Box Number is Not Acceptable): 2702 SE Janet St. City: Stuart FL Zip Code: 34997

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: Thomas E. Long [signature] 3-20-06
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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	D LONG, THOMAS 5000 SE FEDERAL HWY #706 STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Long Thomas E 2702 SE Janet St Stuart FL 34997	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Thomas E. Long [signature] 3-20-06 772-781-6393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #