


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P96000103329
 1. Entity Name
 TOMOKA SALVAGE, INC.



Principal Place of Business: 454 HWY 17, PALATKA, FL 32177
 Mailing Address: P O BOX 2635, ORMOND BEACH, FL 32175 US

DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-3420538 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CINELLI, JAMES V
 PO BOX 2635
 ORMOND BEACH, FL 32175

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CINELLI, JAMES V
STREET ADDRESS	1429 PECOS DR
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VS
NAME	CINELLI, JOHN JR
STREET ADDRESS	1201 OAK FOREST DR
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/27/07-80014-022 150.00
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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: James V. Cinelli James V. Cinelli 4-13-07 676-0952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #