

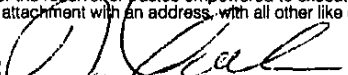


**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # V59407</b> 1. Entity Name <b>SALVAGED MERCHANDISE, INC.</b>				
Principal Place of Business <b>13650 NE 18TH AVENUE OKEECHOBEE, FL 34972 US</b>		Mailing Address <b>13650 NE 18TH AVENUE OKEECHOBEE, FL 34972 US</b>		
DO NOT WRITE IN THIS SPACE		  01092007 No Chg-P CR2E034 (11/05)		
		4. FEI Number <b>65-0350711</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>LUHMANN, DIETER 13650 NE 18TH AVENUE OKEECHOBEE, FL 34972</b>		DO NOT WRITE IN THIS SPACE		
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 _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
		000000587141 01/17/07-80022-003 150.00		
10. OFFICERS AND DIRECTORS				
TITLE	DP			
NAME	LUHMANN, DIETER			
STREET ADDRESS	13650 NW 18TH AVENUE			
CITY-ST-ZIP	OKEECHOBEE, FL 34972			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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: 		1-11-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		