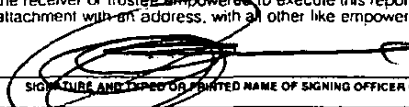


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

04-19-2007 90415 037 ***150.00

DOCUMENT # P02000058335 1. Entity Name GLORY CYCLES, INC.						4/1	
Principal Place of Business 1005 VIRGINIA DR ORLANDO FL 32803				Mailing Address 1005 VIRGINIA DR ORLANDO FL 32803			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DE SOUSA, CLIVE WILLIAM 1705 CHOCTAW TR MAITLAND FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 04-3650202			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable			
SIGNATURE 				DATE 4/13/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 PVST DE SOUSA, CLIVE WILLIAM 1705 CHOCTAW TR MAITLAND FL 32751 ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP D DE SOUSA, CLIVE WILLIAM 1705 CHOCTAW TR MAITLAND FL 32751 ☐ 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 Section 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 an other like empowered.							
SIGNATURE: 				DATE 5/02/07			