


**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90013 047 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P02000088104 1. Entity Name GLORY MORNING, INC.	
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Principal Place of Business 7318 WOODHILL DRIVE # 1111 ORLANDO, FL 32818 <i>2619 N. Pine Hills Rd Orlando, FL 32808</i>	Mailing Address 2619 N. PINE HILLS ROAD SUITE 8 ORLANDO, FL 32808
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54022104

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 37-1438662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HO, KI Y 7318 WOODHILL DRIVE #1111 ORLANDO, FL 32818
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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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEO, JIN 7318 WOODHILL DRIVE, #1111 ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HO, KI Y 7318 WOODHILL DRIVE, #1111 ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HO, CHUN J 7318 WOODHILL DRIVE, #1111 ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HO, KI Y 7318 WOODHILL DRIVE, #1111 ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Chun Ho, VP* *3/25/04* *407-532-0408*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #