


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P02000088104 1. Entity Name GLORY MORNING, INC.	
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Principal Place of Business 2619 N. PINE HILLS RD ORLANDO, FL 32808	Mailing Address 2619 N. PINE HILLS ROAD SUITE 8 ORLANDO, FL 32808
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DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

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

**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)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HO, KI Y 7318 WOODHILL DRIVE, #1111 ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HO, CHUN J 7318 WOODHILL DRIVE, #1111 ORLANDO, FL 32818
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**DO NOT WRITE
IN THIS SPACE**

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05/29/07-80010-022 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/1/07 407-532-0408
Date Daytime Phone #