2006 FOR PROFIT CORPORATION ANNUAL REPORT.

ANNUAL REPORT FILED Jan 09, 2006 08:00 AN **DOCUMENT #286263** 1. Entity Name **Secretary of State** GLOWORTH, INC. Principal Place of Business Mailing Address **400 GLONCESTER STREET** 3013 VILLA ROSA PARK TAMPA, FL 33611 US ENGLEWOOD, NJ 07631 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1088409 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PUFFER, JOHN DO NOT WRITE 3013 VILLA ROSA PARK TAMPA, FL 33611 IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NEUWIRTH, ROBERT S NAME 400 GLOUCESTER ST STREET ADDRESS CHY, ST-7IP ENGLEWOOD, NJ., TELLE NEUWIRTH, LAURA NAME UUUUUUS 19007 STREET ADDRESS 226 W 58TH ST. 01/10/06-80004-009 150.00 CITY-ST-ZIP NEW YORK, NY., NAME NEUWIRTH, JESSICA 226 W 58TH ST STREET ADDRESS DO NOT WRITE CITY-ST-ZIP NEW YORK, NY TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Shorts Lecured & Beart S. We award on Strains of Strain

Date (2006 2018719507