2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State
03-28-2006 90135 046 ***158.75

DOCUMENT # K41315

1. Entity Name
GLEBE RESOURCES, INC.

Principal Place of Business	Mailing Address
2295 CORP BLVD NW #222 BOCA RATON, FL 33431	2295 CORP BLVD NW #222 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0080231
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERRICK, NORTON
2295 CORP BLVD NW #222
BOCA RATON, FL 33431

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	HERRICK, NORTON
STREET ADDRESS	2295 CORP BLVD NW #222
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VPAS
NAME	HERRICK, HOWARD
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	VPAS
NAME	MICHAEL HERRICK
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	PC
NAME	KERMALLI, NISAR
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927
TITLE	D
NAME	HERRICK, ELAYNE
STREET ADDRESS	400SE 5TH AVE., 1104
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	HERRICK, EVAN
STREET ADDRESS	2 RIDGEDALE AVE STE 370
CITY-ST-ZIP	CEDAR KNOLLS, NJ 07927

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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: Nisar Kermalli - Controller 2/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #