

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K41315

Entity Name: GLEBE RESOURCES, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

2295 CORP BLVD NW #222
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2295 CORP BLVD NW #222
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0080231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: HERRICK, NORTON
Address: 2295 CORP BLVD NW #222
City-St-Zip: BOCA RATON, FL 33431

Title: VPAS () Delete
Name: HERRICK, HOWARD
Address: 2 RIDGEDALE AVE STE 370
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: VPAS () Delete
Name: MICHAEL HERRICK
Address: 2 RIDGEDALE AVE STE 370
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: C () Delete
Name: KERMALLI, NISAR
Address: 2 RIDGEDALE AVE STE 370
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: D () Delete
Name: HERRICK, ELAYNE
Address: 400SE 5TH AVE., 1104
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: HERRICK, EVAN
Address: 2 RIDGEDALE AVE STE 370
City-St-Zip: CEDAR KNOLLS, NJ 07927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NISAR KERMALLI

C

03/20/2009

Electronic Signature of Signing Officer or Director

Date