


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90111 030 ****70.00

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| DOCUMENT # N02000004423 |  |
| 1. Entity Name THE GLADES INITIATIVE INC. | |

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| Principal Place of Business 406 MARTIN LUTHER KING BLVD. SUITE 103 BELLE GLADE, FL 33430 | Mailing Address 406 MARTIN LUTHER KING BLVD. SUITE 103 BELLE GLADE, FL 33430 |
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| 2. Principal Place of Business - No P.O. Box # 141 SE Avenue C | 3. Mailing Address 141 SE Avenue C |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State Belle Glade, FL | City & State Belle Glade, FL |
| Zip 33417 | Zip 33417 |
| Country US | Country US |

4000307

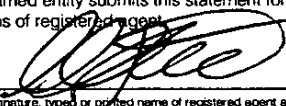


01052007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 01-0733180 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent STEPHENSON, ANDREA D 406 MARTIN LUTHER KING BLVD. #103 BELLE GLADE, FL 33430 | 7. Name and Address of New Registered Agent Name Stephenson, Andrea D Street Address (P.O. Box Number Is Not Acceptable) 141 SE Avenue C City Belle Glade FL 33417 |
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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.

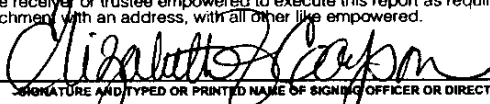
SIGNATURE  DATE **01.05.2007**

(NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP AMATO, JOE 408 SE MARTIN LUTHER KING BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BROADBENT, DAVID P.O. BOX 354 CANAL POINT, FL 33438 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BOYD, CAROL 136 S MAIN ST BELLE GLADE, FL 33430 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CAYSON, ELIZABETH 1500B NW AVE L BELLE GLADE, FL 33430 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CAURSEY, YVETTE 1600 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coursey, Yvette 1600 N. Australian Ave. West Palm Beach, FL 33407 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOORE-WILLIAMS, AUTRIE 401 SE 2ND STREET BELLE GLADE, FL 33430 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, 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:  DATE _____ Daytime Phone # _____

(NOTE: Signature and typed or printed name of signing officer or director)