2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008818

Entity Name: GLORY WORSHIP INSTITUTE, CORP.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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12350 SW 132ND CT SUITE # 106 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

12350 SW 132ND CT SUITE # 106 MIAMI, FL 33186

FEI Number: 47-0897393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 MACHIN, DORIS
 MACHIN, DORIS

 9609 SW 138TH AVE
 22618 SW 94 PATH

 MIAMI, FL 33186 US
 MIAMI, FL 33190 US

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: 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 MACHIN, DORIS
 Name:
 MACHIN, DORIS

 Address:
 9609 SW 138TH AVE
 Address:
 22618 SW 94 PATH

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33190

Title: VD () Delete Title: VD (X) Change () Addition Name: CARRASQUILLO, MADELINE Name: CARRASQUILLO, MADELINE Address: 5201 NW 7TH STREET. APT. 317 Address: 9411 SW 227 LN

Address: 5201 NW / IH STREET, APT. 31/ Address: 9411 SW 22/ LN City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33190

Title: TD () Delete Title: () Change () Addition Name: MARIN, IDANIA Name:

 Name:
 MARIN, IDANIA
 Name:

 Address:
 12254 SW 148TH TERRACE
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS MACHIN PD 04/30/2007