## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008779

City-St-Zip:

WOODSTOCK, NY 12498

FILED Apr 29, 2006 Secretary of State

Entity Nai	me: GLORIC	US BEING CENTER, INC.					
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
	11 COURT KE PINES, FL	33029					
Current M	lailing Addre	ss:	New Mailing Address:				
	11 COURT KE PINES, FL	33029					
FEI Number	: 20-1645502	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Des	ired ( )	
Name and	l Address of	Current Registered Agent:	Name and	Address of Nev	w Registered Agent	:	
17800 SW	, GLORIA T 11 COURT KE PINES, FL	33029 US					
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered offic	ce or registered ager	it, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	jent		Date		
OFFICERS	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	RAMIREZ, GL 17800 SW 11		Title: Name: Address: City-St-Zip:	()C	hange()Addition		
Title: Name: Address: City-St-Zip:	RAMIREZ, FR 2655 CARAME		Title: Name: Address: City-St-Zip:	()C	hange()Addition		
Title: Name: Address: City-St-Zip:	SD ( LAMAR, ELIS/ 6831 SW 48 T MIAMI, FL 33	ER	Title: Name: Address: City-St-Zip:	TD (X) C MASURE, RHOND P.O BOX 221006 HOLLYWOOD, FL			
Title: Name: Address: City-St-Zip:	BELL, ROBER	TRY CLUB DR	Title: Name: Address: City-St-Zip:	D (X) C GASQUE, MELBA 600 NE 36TH STR MIAMI, FL 33137	REET, # 208		
Title: Name:	D ( BAYER, CARY		Title: Name:	D (X) C BAYER, CARY	hange ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip: HILLSBORO BEACH, FL 33062

SIGNATURE: GLORIA RAMIREZ CD 04/29/2006