

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2006
Secretary of State**

DOCUMENT# N04000008779

Entity Name: GLORIOUS BEING CENTER, INC.

Current Principal Place of Business:

17800 SW 11 COURT
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17800 SW 11 COURT
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-1645502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, GLORIA T
17800 SW 11 COURT
PEMBROKE PINES, FL 33029 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: RAMIREZ, GLORIA
Address: 17800 SW 11 COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VCD () Delete
Name: RAMIREZ, FRANCINE
Address: 2655 CARAMBOLA CIR N
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD () Delete
Name: LAMAR, ELISA
Address: 6831 SW 48 TER
City-St-Zip: MIAMI, FL 33155

Title: TD () Delete
Name: BELL, ROBERT
Address: 3675 N COUNTRY CLUB DR
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: BAYER, CARY
Address: 39 WHITNEY DR
City-St-Zip: WOODSTOCK, NY 12498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: MASURE, RHONDA
Address: P.O BOX 221006
City-St-Zip: HOLLYWOOD, FL 33022

Title: D (X) Change () Addition
Name: GASQUE, MELBA
Address: 600 NE 36TH STREET, # 208
City-St-Zip: MIAMI, FL 33137

Title: D (X) Change () Addition
Name: BAYER, CARY
Address: 1051 HILLSBORO MILE, # 604
City-St-Zip: HILLSBORO BEACH, FL 33062

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.

SIGNATURE: GLORIA RAMIREZ

CD

04/29/2006

Electronic Signature of Signing Officer or Director

_____ Date