## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002639

Name: Address:

City-St-Zip:

GLORY ROSE INTERNATIONAL INC

FILED Apr 11, 2007 Secretary of State

Entity Na	me: GLORY F	ROSE INTERNATIONAL, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
1621 NE 2 OCALA, F	ND STREET # L 34470	<del>1</del> 302			
Current Mailing Address:			New Mailing Address:		
1621 NE 2 OCALA, F	ND STREET # L 34470	f302			
FEI Number	: 20-0483011	FEI Number Applied For()	FEI Number Not Applicab	le ( ) Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Ad	dress of New Registered Agent:	
RIOLO, RI 1621 NE 2 OCALA, F	ND STREET#	_			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its re	egistered office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) RIOLO, RIVA S 1621 NE 2ND S OCALA, FL 34	STREET #302	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( SCROGGIE, JO 4411 SE 107TH BELLEVIEW, F	1 LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( SCROGGIE, R 4411 SE 107TH BELLEVIEW, F	H LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( RIOLO, DAVID 1621 NE 2ND S OCALA, FL 34	STREET #302	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:		) Delete	Title: D Name: SL	( ) Change (X) Addition YVIA, BONNIE	

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.

Address:

City-St-Zip:

9132 TORRANCE AVE

BROOKLYN, OH 44144

SIGNATURE: RIVA S RIOLO PRES 04/11/2007