
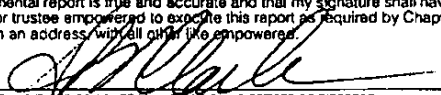


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR 11 AM 7:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N08000000708					
1. Entity Name GLEAM, INC.					
Principal Place of Business 600 S FLORIDA AVE DELAND, FL 32720		Mailing Address 600 S FLORIDA AVE DELAND, FL 32720			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02262008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAUER, KIRK ESQ 223 S WOODLAND BLVD DELAND, FL 32720			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, STEPHEN		NAME		
STREET ADDRESS	218 PLUMOSA RD		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCPHERSON, RON		NAME		
STREET ADDRESS	415 KINGSROW LANE		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWER, MARY E		NAME		
STREET ADDRESS	226 BARDEN DR		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, JOANN		NAME		
STREET ADDRESS	317 SPRING LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, DON E		NAME		
STREET ADDRESS	202 W WINNEMISSETT AVE		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32720		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 empowerments.					
SIGNATURE: 			3/19/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

