
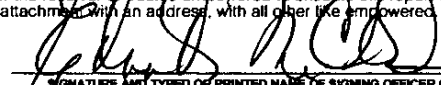


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90044 013 \*\*\*\*70.00

<b>DOCUMENT # N94000002641</b>							
1. Entity Name GLADES PIONEERS, INC.							
Principal Place of Business 601 COVENANT DR. BELLE GLADE, FL			Mailing Address 601 COVENANT DR. BELLE GLADE, FL				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 65-0532561				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MORRIS, ROBERT ESQ 685 ROYAL PALM BEACH BOULEVARD SUITE 205 BELLE GLADE, FL 33430			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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCCLENDON, EDNA		NAME				
STREET ADDRESS	140 SANTA MONICA AVE.		STREET ADDRESS				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LOCKETT, PAULINE		NAME				
STREET ADDRESS	700 SOUTHWEST 8TH ST.		STREET ADDRESS				
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	REUTER, MONIKA		NAME				
STREET ADDRESS	4485 NW 65TH TERR		STREET ADDRESS				
CITY-ST-ZIP	LAUDERHILL, FL 33319		CITY-ST-ZIP				
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HARRISON, NORMAN		NAME				
STREET ADDRESS	340 NOAH CT		STREET ADDRESS				
CITY-ST-ZIP	BELLE GLADE, FL 33430		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	JACKSON, LAURA		NAME				
STREET ADDRESS	440 WEST 30TH ST		STREET ADDRESS				
CITY-ST-ZIP	RIVIERA BEACH, FL 33404		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 empowered.							
SIGNATURE: 			1/25/07 (561) 996-2300				
EDNA O. MCCLENDON, PRESIDENT			Date Daytime Phone #				