


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90002 045 ***550.00

DOCUMENT # P0000008710	
1. Entity Name GLORYFIRE MUSIC INC.	

Principal Place of Business 3937 SOUDEL DRIVE JACKSONVILLE, FL 32208 US	Mailing Address P.O. BOX 9578 JACKSONVILLE, FL 32208 US
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DO NOT WRITE IN THIS SPACE

4010--



07312007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3621249	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PINKNEY-BELL, HELEN 4645 SR 207 JACKSONVILLE, FL 32208

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEYMORE, LEON JR 6753 KINLOCKE DR JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYNES, EZEKIEL III 6627 KINLOCKE DR JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRKLAND, FRANCES 11562 SUNKEN MEADOW CT JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINKNEY-BELL, HELEN 4645 SR 207 ELKTON, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM SEYMORE, LEON SR 4100 BEVERLY AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, VIVIAN J 4100 BEVERLY AVE JACKSONVILLE, FL 32208

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: Helu Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____