2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 29, 2005 08:00 AM **Secretary of State** DOCUMENT # P03000134533 1. Entity Name GLOWING TREASURES, INC. Principal Place of Business Mailing Address 7500 SIERRA DRIVE EAST 7500 SIERRA DRIVE EAST BOCA RATON, FL 33433 BOCA RATON, FL 33433 03132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 54-2133825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALDOUS CHARLES L DO NOT WRITE 7500 SIERRA DRIVE EAST BOCA RATON, FL 33433 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. ALDOUS ADR 26 SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ALDOUS, CHARLES L NAME _11000000343519 7500 SIERRA DRIVE EAST STREET ADDRESS 04/29/US-80100-005 150.00 CITY-ST-ZIP BOCA RATON, FL 33433 TITLE REARDON, GAREE G NAME STREET ADDRESS 7500 SIERRA DRIVE EAST CITY-ST-ZIP BOCA RATON, FL 33433 TITLE NARDONE-NIDDRIE, CANDICE NAME STREET ADDRESS 7500 SIERRĀ DRIVE EAST DO NOT WRITE CITY-ST-ZIP BOCA RATON, FL 33433 IN THIS SPACE TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> CJ arxin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11122605

Date

Daytima Phone #