

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

06-13-2006 90001 037 \*\*\*150.00

<b>DOCUMENT # P04000110222</b> 1. Entity Name <b>GLORY ASSISTED LIVING, INC.</b>					
Principal Place of Business <b>8643 VALLEY RIDGE CT ORLANDO, FL 32818</b>			Mailing Address <b>8643 VALLEY RIDGE CT ORLANDO, FL 32818</b>		
2. Principal Place of Business <b>7221 Udine Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>8643 Valley Ridge Ct</b> Suite, Apt. #, etc.			
City & State <b>Orlando FL</b>		City & State <b>Orlando FL</b>			
Zip <b>32819</b>		Country <b>Orange</b>		Zip <b>32818</b>	
Country <b>Orange</b>		4. FEI Number <b>20-2100110</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MELBOURNE, DELFEINE 8643 VALLEY RIDGE CT ORLANDO, FL 32818</b>			7. Name and Address of New Registered Agent Name <b>NA</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MELBOURNE, DELFEINE 8643 VALLEY RIDGE CT ORLANDO, FL 32818</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: D. Melbourne Delfeine Melbourne</b> <b>6/7/06 -407 43234 04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50021364**



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