
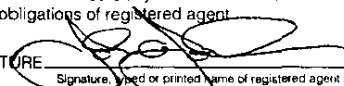
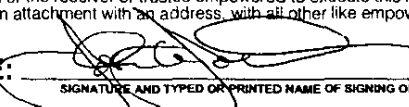


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90093 005 \*\*\*150.00

<b>DOCUMENT # P06000068244</b> 1. Entity Name <b>GLIDING PELICAN INC.</b>			
Principal Place of Business <b>1767 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937</b>		Mailing Address <b>PO BOX 121696 W. MELBOURNE, FL 32912</b>	
2. Principal Place of Business - No P.O. Box # <b>1765 S. PATRICK</b>		3. Mailing Address <b>1765B SOUTH PATRICK DR</b>	
Suite, Apt. #, etc. <b>B</b>		Suite/Apt. #, etc. <b>B</b>	
City & State <b>INDIAN HARBOUR BEACH</b>		City & State <b>INDIAN HARBOUR BEACH FL</b>	
Zip <b>32937</b>		Zip <b>32937</b>	
Country <b>BREVARD</b>		Country <b>BREVARD</b>	
6. Name and Address of Current Registered Agent  <b>JOSEPH, JOHN A 1767 SOUTH PATRICK DRIVE INDIAN HARBOUR BEACH, FL 32937</b>		7. Name and Address of New Registered Agent Name <b>JOHN A JOSEPH</b> Street Address (P.O. Box Number is Not Acceptable) <b>1699 RUSTIC WAY</b> City <b>MELBOURNE</b> <b>FL</b> Zip Code <b>32935</b>	
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 <b>5-1-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</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	P <input type="checkbox"/> Delete <b>JOSEPH, JOHN A PO BOX 121696 1699 RUSTIC WAY W. MELBOURNE, FL 32912 MELBOURNE FL 32935</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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.			
SIGNATURE: 		Date <b>5-1-07</b> Daytime Phone #	