

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 09, 2004
Secretary of State**

DOCUMENT# P20435

Entity Name: AGLOW INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

152-3RD AVE SO
STE 103
EDMONDS, WA 98020 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1749
EDMONDS, WA 980201749 US

New Mailing Address:

FEI Number: 23-7275330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, CECELIA
3921 SW 106TH TERR
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANSEN, JANE,
Address: 126-3RD AVE. SW
City-St-Zip: EDMONDS, WA 98020

Title: V () Delete
Name: LAURIE LISCHKE,
Address: 16705 56TH AVE W
City-St-Zip: LYNNWOOD, WA 980378303

Title: S () Delete
Name: BENNETT, JOAN
Address: 8500 MAIN ST. F302
City-St-Zip: EDMONDS, WA 98026

Title: T () Delete
Name: ROGERS, KAY
Address: 14603 WEST 40TH AVE
City-St-Zip: LYNNWOOD, WA 98037

Title: D () Delete
Name: JEPSEN, DEE
Address: 3542 PENNYROYAL RD
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: MODER, DIANE
Address: 2717 PHILADELPHIA AVE
City-St-Zip: PITTSBURGH, PA 15216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HANSEN, JANE,
Address: 126-3RD AVE. SO
City-St-Zip: EDMONDS, WA 98020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY ROGERS

T

01/09/2004

Electronic Signature of Signing Officer or Director

Date