

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20435

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: AGLOW INTERNATIONAL, INCORPORATED

**Current Principal Place of Business:**

123 - 2ND AVE. SO.  
STE 100  
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: 6809 - 157TH PL. SW  
City-St-Zip: EDMONDS, WA 98026

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 40TH AVE. WEST  
City-St-Zip: LYNNWOOD, WA 98037

Title: D ( ) Delete  
Name: FLEMING, GLENDA  
Address: 2110 BELAIR ST.  
City-St-Zip: PASCAGOULA, MS 39567

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 HOYT, JANE,  
Address: 6809 - 157TH PL. SW  
City-St-Zip: EDMONDS, WA 98026

Title: V (X) Change ( ) Addition  
Name: LAURIE LISCHKE,  
Address: 16705 56TH AVE W  
City-St-Zip: LYNNWOOD, WA 98037

Title: S (X) Change ( ) Addition  
Name: BENNETT, JOAN  
Address: 222 DAYTON ST #3  
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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

03/05/2008

Electronic Signature of Signing Officer or Director

Date