

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20435

FILED
Mar 10, 2009
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 HOYT, 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 98037

Title: S () Delete
Name: BENNETT, JOAN
Address: 222 DAYTON ST #3
City-St-Zip: EDMONDS, WA 98020

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

Title: V (X) Change () Addition
Name: JOHNSON, LEDENE
Address: 6217 138TH PLACE SW
City-St-Zip: EDMONDS, WA 98026

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 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

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date