

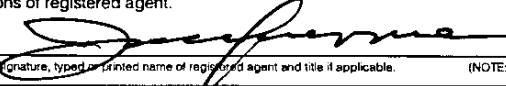



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000034911 1. Entity Name GLENMOORE ENTERPRISES, INC.						FILED 05 MAY 12 PM 2:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 222 LAKEVIEW AVE PH 5 WEST PALM BEACH, FL 33401 US				Mailing Address 222 LAKEVIEW AVE. PH 5 WEST PALM BEACH, FL 33401 US			
2. Principal Place of Business 3720 S Dixie Hwy				3. Mailing Address 			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State West Palm Beach, FL				City & State			
Zip 33405		Country USA		4. FEI Number 65-0413737		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, CARLOS 222 LAKEVIEW AVE PH 5 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Joel P. Koepfel, Esquire Street Address (P.O. Box Number is Not Acceptable) 525 South Flagler Drive Suite 200 City West Palm Beach FL Zip Code 33401			
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 5/4/05			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MORRISON, CARLOS 222 LAKEVIEW AVE PH5 WEST PALM BEACH, FL 33401			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900054867759 05/19/05--01081--017 **\$61.25		
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 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 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:  CARLOS G. MORRISON 5/5/2005 561-832-6070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							