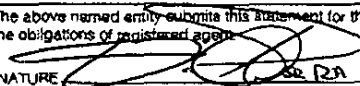
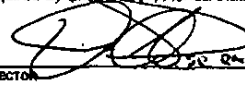


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90092 017 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                        |                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P95000014140</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                       |                                                                                                                                                  |
| 1. Entry Name<br><b>G.T.G. (GLORY TO GOD), INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                        |                                                                                                                                                  |
| Principal Place of Business<br><b>2180 NW 65 ST<br/>OCALA, FL 34475</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Mailing Address<br><b>2180 NW 65 ST<br/>OCALA, FL 34475</b>                                                            |                                                                                                                                                  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | 3. Mailing Address<br><b>1709 HARBOUR VIEW DR.</b>                                                                     |                                                                                                                                                  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | City & State<br><b>Lenoir City, Tenn.</b>                                                                              |                                                                                                                                                  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                       | Zip                                                                                                                    | Country                                                                                                                                          |
| <b>37772</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>USA</b>                                                                                                    | <b>37772</b>                                                                                                           | <b>USA</b>                                                                                                                                       |
| 4. FEI Number<br><b>59-3442808</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                                                                 |                                                                                                                                                  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               | <b>\$8.75 Additional Fee Required</b>                                                                                  |                                                                                                                                                  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | 7. Name and Address of New Registered Agent                                                                            |                                                                                                                                                  |
| <b>GREENE, DONALD R SR<br/>2180 NW 65 ST<br/>OCALA, FL 34475</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                               |                                                                                                                                                  |
| 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>04-16-07</b>                                                                                                   |                                                                                                                                                  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                  |                                                                                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>SCOTT-GREENE, JULIE P<br/>21636 SW 10 ST<br/>DUNNELLON, FL 34431</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>D/ GREENE, DONALD R JR<br/>2180 NW 65 ST<br/>OCALA, FL 34475</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>GREENE, DONALD R SR.<br/>2180 NW 65 ST<br/>OCALA, FL 34475</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>D/ GREENE, NANCY K<br/>2180 NW 65 ST<br/>OCALA, FL 34475</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V<br/>GREENE, NANCY K<br/>2180 NW 65 ST<br/>OCALA, FL 34475</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <b>V/ BOGAN, JUDY A<br/>2175 N.W. 64 ST<br/>OCALA, FL 34475</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S<br/>BOGAN, JUDY A<br/>2175 NW 64 ST<br/>OCALA, FL 34475</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>DONALD R. GREENE SR RA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               | DATE <b>04-16-07 (352) 817-5454</b>                                                                                    |                                                                                                                                                  |

G.T.G. inc # 2002