

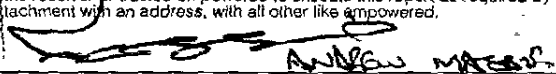


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # P95000094130</b><br>1. Entity Name<br><b>GLENBEE, INC.</b>   |   |   |  |
| Principal Place of Business<br><b>11 ALSTON ROAD<br/>PALM BEACH GARDENS, FL 33418</b>  |   | Mailing Address<br><b>C/O TRANSOCEANIC<br/>19495 BISCAYNE BLVD #805<br/>AVENTURA, FL 33180 US</b>                        |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   | <br>02242006 No Chg-P CRZE034 (11/05) |  |
| 4. FEI Number<br><b>65-0631491</b>   |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KIRZNER, ALAN<br/>2121 PONCE DE LEON BLVD<br/>SUITE 1100<br/>CORAL GABLES, FL 33134</b>  |   | <b>DO NOT WRITE IN THIS SPACE</b>  |  |
| 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 _____ (NOTE: Registered Agent signature required when reappointing)<br><small>Signature typed or printed name of registered agent and title if applicable</small>  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees      |  |
| 10. OFFICERS AND DIRECTORS   |   | 000000542713<br>05/10/06-80109-009 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>VEALE, WILLIAM J<br/>205 E. 63RD ST. APT 2F<br/>NEW YORK, NY 10021</b>                 | <b>DO NOT WRITE IN THIS SPACE</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>WAINBERG, SOLOMON<br/>2121 PONCE DE LEON BLVD, STE 1100<br/>CORAL GABLES, FL 33134</b> |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>MASSIE, ANDREW<br/>19495 BISC BLVD SUITE 805<br/>AVENTURA, FL 33180</b>                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |  |
| 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 charged, or on an attachment with an address, with all other like empowered. |   |  |  |
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | 4-26-06 305-935 2600<br><small>Date Daytime Phone #</small>  |  |