2004-FOR-PROFIT-CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # V65732

1. Entity Name

SIGNATURE:

GLORY HEALTH CARE PRODUCTS INC.

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FILED Mar 22, 2004 8:00 am Secretary of State 03-22-2004 90057 049 ***150.00

Principal Place	e of Business	Mailing Address			1				
14941 SW 9TH STREET SUNRISE FL 33326		14941 SW 9TH STREET SUNRISE FL 33326							
) (881) 811814 81181 81111 1888 8189 1181 81881 81881	II 6		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (11/03)			
City & State		City & State			4.	FEI Number 65-0364496		plied For t Applicable	
Zip	Country	Zip	Cour	ntry	5.	Certificate of Status Desired	\$8.75 Add Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
1494	LKNER, JANILLE 41 SW 9TH STREET				Street Address (P.O. Box Number is Not Acceptable)				
SUNRISE FL 33326									
				City		FL	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE									
ANGERIA DE REGIONA DE LA CONTRACTOR DE L									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution. [May Be to Fees		
10. OFFICERS AND DIRECTORS			11.		ΑI	DDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS	S IN 11	
TITLE	VP Delete		TITL	TITLE			☐ Change	☐ Addition	
NAME	VALVANO, MICHAEL A JR.		AAN						
STREET ADORESS CITY-ST-ZIP	1===			EET ADDRESS (- ST-ZIP					
TITLE	DPS	□ Delete	TITL				Change	☐ Addition	
NAME	FAULKNER, JANILLE	L. Delete	NAN				L_1 Change	Addition	
STREET ADDRESS	14941 SW 9TH STREET		STR	EET ADDRESS					
CITY-ST-ZIP	SUNRISE FL 33326		CIT	(-ST-ZIP					
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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.									

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TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR