

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65732

FILED  
Feb 22, 2005  
Secretary of State

Entity Name: GLORY HEALTH CARE PRODUCTS INC.

**Current Principal Place of Business:**

14941 SW 9TH STREET  
SUNRISE, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

14941 SW 9TH STREET  
SUNRISE, FL 33326

**New Mailing Address:**

FEI Number: 65-0364496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAULKNER, JANILLE  
14941 SW 9TH STREET  
SUNRISE, FL 33326 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: VALVANO, MICHAEL A JR.  
Address: 1255 NW 102ND WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DPS ( ) Delete  
Name: FAULKNER, JANILLE  
Address: 14941 SW 9TH STREET  
City-St-Zip: SUNRISE, FL 33326

Title: TR ( ) Delete  
Name: FAULKNER, MATT  
Address: 14941 SW 9TH STREET  
City-St-Zip: SUNRISE, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANILLE FAULKNER

DPS

02/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date