


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90176 033 \*\*\*150.00

**DOCUMENT # P05000140869**

1. Entity Name  
**DORAN ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**1845 MAGLIANO DR.**      **1845 MAGLIANO DR.**  
**BOYNTON BEACH, FL 33436**      **BOYNTON BEACH, FL 33436**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**111 Ventry Avenue**      **111 Ventry Avenue**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Jupiter FL**      **Jupiter FL**  
 Zip      Zip  
**33458**      **33458**  
 Country      Country  
**usa**      **USA**

40059992



03302007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**02-0758121**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DORAN, JACQUELINE L**  
**1845 MAGLIANO DR.**  
**BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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: *Jacqueline Doran*      DATE: 4.5.07  
Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**(FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00)**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DORAN, JACQUELINE L	
STREET ADDRESS	1845 MAGLIANO DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	V	<input type="checkbox"/> Delete
NAME	DORAN, JASON W	
STREET ADDRESS	1845 MAGLIANO DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacqueline Doran*      Date: 4.5.07      Daytime Phone #: 561-691-8173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #