2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 309847

Title:

Name: Address:

City-St-Zip:

FILED Jan 24, 2006 Secretary of State

Entity Name: ALLIED DOORS INC					
Current Principal Place of Business:			New Principal Place o	of Business:	
151 SW 5TH CT POMPANO BCH, FL 33060					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
151 SW 5TH CT POMPANO BCH, FL 33060					
FEI Number:	59-1154792	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				New Registered Agent:	
DOODY, DONALD J. JOSIAS & GOREN, P.A. 3099 E COMMMERCIAL BLVD, SUITE 200 FT. LAUDERDALE, FL 33308 US			151 S.W. 5TH COURT	MICHAEL J ROMANELLI 151 S.W. 5TH COURT POMPANO BEACH, FL 33060 US	
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: MICHAEL J ROMANELLI				01/24/2006	
	Electron	ic Signature of Registered Ager	t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () ROMANELLI, DI 151 SW 5TH CO POMPANO BEA	DURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	V () ROMANELLI, AI 151 SW 5TH CO POMPANO BEA	DURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () ROMANELLI, S [*] 151 SW 5TH CC POMPANO BEA	DURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL J ROMANELLI T 01/24/2006

() Delete

ROMANELLI, MICHAEL,

POMPANO BEACH, FL

151 SW 5TH CT

() Change () Addition