
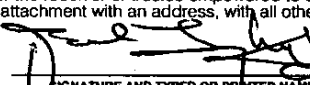


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90032 047 ****70.00

DOCUMENT # F00000004768 1. Entity Name OPEN DOOR CHILDREN & YOUTH SERVICES, INC.					
Principal Place of Business 5812 S. SEMORAN BLVD ORLANDO, FL 32822			Mailing Address 5812 S. SEMORAN BLVD ORLANDO, FL 32822		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 23-2209088	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGLEY, PAUL 5812 S. SEMORAN BLVD. ORLANDO, FL 32822				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGLEY, PAUL 2619 BRIGG COURT KISSIMMEE, FL 34743	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENTIN, MELISSA 497 NORTH MILL ROAD KENNETT SQUARE, PA 19348	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC DAILY, DANIEL 12 SOMERSET DRIVE COATESVILLE, PA 19320	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, JANET 622 OLD SCHOOLHOUSE ROAD LANDENBERG, PA 19350	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAMPELLI, DEAN 26 LOST TREE DRIVE READING, PA 19607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOHUE, DAVID 177 HILL TOP ROAD AVONDALE, PA 19311	<input checked="" type="checkbox"/> Delete			
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 617, 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:  PAUL LANGLEY, JR.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 1/4/06 Daytime Phone # 407-381-3400					

ATTACHMENT

40000202

Addition

F 00000004768

Title
Name
Street Address
City-State-Zip

Director
Carol Thompson
136 Virginia Avenue
Brookhaven, PA 19015

Title
Name
Street Address
City-Sate-Zip

Director
Thanh Bao Nguyen
2115 Wakulla Way
Orlando, FL 32839