


FILED
Apr 02, 2007 8:00 am
Secretary of State

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DOCUMENT # F00000004768						Secretary of State 04-02-2007 90057 042 ****70.00	
1. Entity Name OPEN DOOR INTERNATIONAL OF PENNSYLVANIA, 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 - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007				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	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGLEY, PAUL			NAME			
STREET ADDRESS	2619 BRIGG COURT			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34743			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALENTIN, MELISSA			NAME			
STREET ADDRESS	497 NORTH MILL ROAD			STREET ADDRESS			
CITY-ST-ZIP	KENNETT SQUARE, PA 19348			CITY-ST-ZIP			
TITLE	VPVC <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAILY, DANIEL			NAME			
STREET ADDRESS	12 SOMERSET DRIVE			STREET ADDRESS			
CITY-ST-ZIP	COATESVILLE, PA 19320			CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, JANET			NAME			
STREET ADDRESS	622 OLD SCHOOLHOUSE ROAD			STREET ADDRESS			
CITY-ST-ZIP	LANDENBERG, PA 19350			CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZAMPELLI, DEAN			NAME	D		
STREET ADDRESS	26 LOST TREE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	READING, PA 19607			CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, CAROL			NAME	TD		
STREET ADDRESS	136 VIRGINIA AVENUE			STREET ADDRESS			
CITY-ST-ZIP	BROOKHAVEN, PA 19015			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 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: _____				3/22/07 407-381-3400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

ATTACHMENT

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