


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F03000003151</b>		
1. Entity Name <b>DOERS OF PUERTO RICO, INC.</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 25 AM 9:16

Principal Place of Business <b>10900 N.W. 67ST MIAMI, FL 33178</b>	Mailing Address <b>10900 N.W. 67ST MIAMI, FL 33178</b>
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2. Principal Place of Business <i>1013 Spring Mill DR.</i>	3. Mailing Address <i>1013 Spring Mill DR.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04202006 Chg-P CR2E034 (11/05)

City & State <i>Winter Garden FL.</i>	City & State <i>Winter Garden FL.</i>
Zip <i>34787</i>	Zip <i>34787</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number <b>66-0594375</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>MOREY, ANGEL</b> <b>10900 N.W. 67ST</b> <b>MIAMI, FL 33178</b> <i>1013 Spring Mill DR.</i> <i>Winter Garden, FL 34787</i>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPS</b> <b>MOREY, ANGEL L</b> <b>10900 N.W. 67ST</b> <b>MIAMI, FL 33178</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NOBLE, LUCY</b> <b>10900 N.W. 67ST</b> <b>MIAMI, FL 33178</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SPS</b> <b>MOREY ANGEL L.</b> <b>1013 Spring Mill DR.</b> <b>Winter Garden FL 34787</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NOBLE LUCY</b> <b>1013 Spring Mill DR.</b> <b>Winter Garden FL 34787</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600074324996</b> <b>05/10/06--01006--027 **61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *ANGEL MOREY* *4/20/06* *407-287-4640*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #