

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005135

1. Entity Name
OPEN DOORS INTERNATIONAL, INC.



Principal Place of Business
2953 SOUTH PULLMAN STREET
SANTA ANA, CA 92799

Mailing Address
2953 SOUTH PULLMAN STREET
SANTA ANA, CA 92799



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0523832

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALDEZ, KELLEY
5400 S. UNIVERSITY DRIVE
218
DAVIE, FL 33328

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	YATES, SEALY
STREET ADDRESS	2953 SOUTH PULLMAN STREET
CITY-ST-ZIP	SANTA ANA, CA 92799
TITLE	VC
NAME	MC FARLANE, BRIAN
STREET ADDRESS	2953 SOUTH PULLMAN STREET
CITY-ST-ZIP	SANTA ANA, CA 92799
TITLE	VP
NAME	TAYLOR, JEFFERSON
STREET ADDRESS	2953 S. PULLMAN STREET
CITY-ST-ZIP	SANTA ANA, CA 92705
TITLE	D
NAME	STONE, DERYCK
STREET ADDRESS	2953 SOUTH PULLMAN STREET
CITY-ST-ZIP	SANTA ANA, CA 92799
TITLE	P
NAME	COMPANJEN, JOHAN
STREET ADDRESS	2953 SOUTH PULLMAN STREET
CITY-ST-ZIP	SANTA ANA, CA 92799
TITLE	VP
NAME	SCHUT, EVERT
STREET ADDRESS	2953 SOUTH PULLMAN STREET
CITY-ST-ZIP	SANTA ANA, CA 92799

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01/18/06-80048-019 61.25

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IN THIS SPACE**

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:

K. Valdez Kelley G. Valdez

1/9/06 (949) 468-4152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #