

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002477

FILED  
Jan 30, 2006  
Secretary of State

Entity Name: AUTOMATIC DOOR SYSTEMS, INC.

## Current Principal Place of Business:

1925 HARRY LEMONS RD  
#105  
MANDEVILLE, LA 70448 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 397  
MANDEVILLE, LA 704700397

## New Mailing Address:

FEI Number: 72-1128724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTINEZ, JAVIER JR.  
Address: 16162 INDIAN POINT DRIVE  
City-St-Zip: MANDEVILLE, LA 70447

Title: VP ( ) Delete  
Name: MARTINEZ, JAVIER SR  
Address: 67235 THACKERY STREET  
City-St-Zip: MANDEVILLE, LA 70471

Title: S,T ( ) Delete  
Name: MARTINEZ, JEAN  
Address: 67235 THACKERY ST  
City-St-Zip: MANDEVILLE, LA 70471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JAVIER MARTINEZ

P

01/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date