2007 FOR PROFIT GORPORATION ANNUAL REPORT

FILED Jan 12, 2007 08:00 AM te

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1. Entity Nan	MENT # H69927 WER DOOR II CORP.			TO THE PARTY OF TH		Secretary of Sta
•	ce of Business	Mailing Address	<u>' </u>			
3516 E. NOI POST OFFIC HERNANDO,		PO BOX 663 COMMACK, NY 11725	مجهدي ما د			
DO NOT WRITE IN THIS SPACE				01082007	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPAC			UE.	4. FEI Numb		Applied For Not Applicable
				5. Certificate	e of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				
JOHN GREENE CORPORĂTION 3516 NORVELL BRYANT HIGHWAY HERNANDO, FL 34442				DO	NOT V	VRITE
			IN THIS SPACE			
 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 fills if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financian Trust Fund Contribution.				.00 May Be ed to Fees	·	
10.	OFFICERS AND DI					
TITLE NAME	LANZARONE, ED					
STREET ADDRESS CITY+ST-ZIP	140 EMJAY BLVD. BRENTWOOD, NY					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANZARONE, S 140 EMJAY BLVD BRENTWOOD, NY				01/12/01	00584250 7-80029-017 150.00
TITLE NAME	P LANZARONE, ROBERT					
STREET ADDRESS CITY - ST - ZIP	140 EMJAY BLVD. BRENTWOOD, NY			DO	NOT V	VRITE
TITLE NAME STREET ADDRESS	D LANZARONE, THOMAS ISS 140 EMJAY BLVD.			IN THIS SPACE		
CATY-ST-ZIP	BRENTWOOD, NY					
NAME STREET ADDRESS CITY-ST-ZIP	LANZARONE, JAMES 140 EMJAY BLVD. BRENTWOOD, NY			<u></u>		**
TITLE NAME STREET ADDRESS	D LANZARONE, GARY 140 EMJAY BLVD.					

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.

CITY-SI-ZIP BRENTWOOD, NY

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

631) 231-4500

Davrime Phone #