
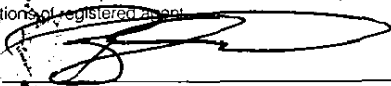



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90035 011 ****70.00

DOCUMENT # N02000009085 1. Entity Name OPEN DOORS COMMUNITY & ECONOMIC DEVELOPMENT CORPORATION					
Principal Place of Business 112 E. DONEGAN AVE KISSIMMEE, FL 34744			Mailing Address 112 E. DONEGAN AVE KISSIMMEE, FL 34744		
2. Principal Place of Business - No P.O. Box # 112 E Donegan Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address <small>Suite, Apt. #, etc.</small> 1688 Taylor Ridge Loop <small>City & State</small> Kissimmee FL <small>Zip</small> 34744 <small>Country</small> US			
<small>City & State</small> Kissimmee FL <small>Zip</small> 34744 <small>Country</small> US		<small>City & State</small> Kissimmee FL <small>Zip</small> 34744 <small>Country</small> US		4. FEI Number 35-2201256 <small>Applied For</small> <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent COMPTON, BARRY 1130 EAST DONEGAN AVENUE SUITE 4 KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent <small>Name</small> Barry Compton <small>Street Address (P.O. Box Number is not Acceptable)</small> 1688 Taylor Ridge Loop <small>City</small> Kissimmee <small>FL</small> <small>Zip Code</small> 34744		
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:  April 30, 08 DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PD COMPTON, BARRY 1688 TAYLOR RIDGE LOOP KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VD KECK, LAUREN 1656 TAYLOR RIDGE LOOP KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	STD OWEN, CHARLES 1509 SUNSET PT. PLACE KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  April 30, 08 321-624-1986 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

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04302008 Chg-NP CR2E037 (12/06)