2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005
Secretary of State

DOCUMENT# N04000003846

Entity Name: ALLIED DOORS FOUNDATION, INC.

Current Principal Place of Business:

151 SW 5TH CT
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

151 SW 5TH CT
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 20-1089703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOODY, DONALD J
GOREN, CHEROF, DOODY & EZROL, P.A.
3099 E COMMERCIAL BLVD, STE 200
FT LAUDERDALE, FL 33308 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROMANELLI, ALLEN
Address: 151 SW 5TH CT
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP ( ) Delete
Name: ROMANELLI, DENNIS
Address: 151 SW 5TH CT
City-St-Zip: POMPANO BEACH, FL 33060

Title: S ( ) Delete
Name: ROMANELLI, STEVEN
Address: 1509 RAIL HEAD BLVD
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete
Name: ROMANELLI, MICHAEL
Address: 151 SW 5TH CT
City-St-Zip: POMPANO BEACH, FL 33060

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:

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ROMANELLI T 03/22/2005

Electronic Signature of Signing Officer or Director — Date