

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005481

FILED
Jan 20, 2009
Secretary of State

Entity Name: DOOR OF DREAMS, INC.

Current Principal Place of Business:

2803 W ARLINGTON STREET
ORLANDO, FL 328051107

New Principal Place of Business:

3200 W COLONIAL DRIVE
ORLANDO, FL 32808

Current Mailing Address:

2803 W ARLINGTON STREET
ORLANDO, FL 328051107

New Mailing Address:

3200 W COLONIAL DRIVE
ORLANDO, FL 32808

FEI Number: 26-2839643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIONDI, DONNA
3200 WEST COLONIAL DRIVE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

BIONDI, DONNA
3200 W COLONIAL DRIVE
ORLANDO, FL 32808 US

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:

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BIONDI, DONNA
Address: 11741 FAN TAIL LANE
City-St-Zip: ORLANDO, FL 32827

Title: D () Delete
Name: BIONDI, RICHARD E
Address: 11741 FAN TAIL LANE
City-St-Zip: ORLANDO, FL 32827

Title: D () Delete
Name: PHILLIPS, DAVID
Address: 14500 AMACA CT
City-St-Zip: ORLANDO, FL 32837

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BIONDI, DONNA
Address: 11741 FAN TAIL LANE
City-St-Zip: ORLANDO, FL 32827

Title: TREA (X) Change () Addition
Name: BIONDI, RICHARD E
Address: 11741 FAN TAIL LANE
City-St-Zip: ORLANDO, FL 32827

Title: VP (X) Change () Addition
Name: BERESFORD, SHEREE
Address: 209 EGRET COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SECY () Change (X) Addition
Name: CANNON, JOY
Address: 11729 FAN TAIL LANE
City-St-Zip: ORLANDO, FL 32827

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA BIONDI

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date