

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099076

Entity Name: DIRECT DOOR, INC.

FILED
Feb 06, 2007
Secretary of State

Current Principal Place of Business:

440 TALL PINES ROAD
SUITE F
WEST PALM BEACH, FL 33413

Current Mailing Address:

440 TALL PINES ROAD
SUITE F
WEST PALM BEACH, FL 33413

New Principal Place of Business:

440 TALL PINES ROAD
SUITE F
WEST PALM BEACH, FL 33413 US

New Mailing Address:

440 TALL PINES ROAD
SUITE F
WEST PALM BEACH, FL 33413 US

FEI Number: 65-1046044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESLER, MARVIN T
1540 63RD WAY SOUTH
WEST PALM BEACH, FL 33415 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: CRAWFORD, ROLAND M
Address: 3001 E ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V () Delete
Name: ESLER, MARVIN T
Address: 1540 63RD WAY SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415

Title: V () Delete
Name: CRAWFORD, NINA L
Address: 2238 A ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ST () Delete
Name: ESLER, VIVIAN F
Address: 1540 63RD WAY SOUTH
City-St-Zip: WEST PALM BEACH, FL 33415

Title: V () Delete
Name: CRAWFORD, ROBIN P
Address: 3057 E ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

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:

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: VIVIAN F. ESLER

ST

02/06/2007

Electronic Signature of Signing Officer or Director

Date