2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P01643

Entity Name: OPEN DOORS WITH BROTHER ANDREW, INC.

Current Principal Place of Business:

2953 S PULLMAN ST
SANTA ANA, CA 92705 US

New Principal Place of Business:

Current Mailing Address:

OPEN DOORS WITH BROTHER ANDREW, INC.
P.O. BOX 27001
SANTA ANA, CA 92799 US

New Mailing Address:

FEI Number: 23-7275342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301 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:	MOELLER, CARL	
Address:	2953 S PULLMAN ST	
City-St-Zip:	SANTA ANA, CA 92705	
Title:	T	( ) Delete
Name:	SCHOEN, JUNINE	
Address:	2953 S PULLMAN ST	
City-St-Zip:	SANTA ANA, CA	
Title:	D	( ) Delete
Name:	DINGMAN, BRUCE	
Address:	650 HAMPSHIRE RD; STE 116	
City-St-Zip:	WESTLAKE VILLAGE, CA 91361	
Title:	D	( ) Delete
Name:	JANSSEN, AL	
Address:	3019 NEVERMIND LANE	
City-St-Zip:	COLORADO SPRINGS, CO	
Title:	D	( ) Delete
Name:	GLADNEY, FRED	
Address:	11 TOULON DRIVE	
City-St-Zip:	LAGUNA NIGUEL, CA 92677	
Title:	SD	( ) Delete
Name:	YATES, MATT	
Address:	1100 TOWN & COUNTRY RD; STE 1300	
City-St-Zip:	ORANGE, CA 92868	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PCEO	(X) Change ( ) Addition
Name:	MOELLER, CARL	
Address:	2953 S PULLMAN ST	
City-St-Zip:	SANTA ANA, CA 92705	
Title:	TCFO	(X) Change ( ) Addition
Name:	SCHOEN, JUNINE	
Address:	2953 S PULLMAN ST	
City-St-Zip:	SANTA ANA, CA	
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 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: JUNINE SCHOEN TCFO 04/28/2008

Electronic Signature of Signing Officer or Director — Date