2007 FOR PROFIT CORPORATION

FILED e

ANNUAL REPORT				May 11, 2007 08:00 Secretary of State			
DOCUMENT # P03000126511 1. Entity Name EDISON DOOR CORPORATION, INC.					Se	ecretary	of State
838 SE	al Place of Business . 9TH STREET ORAL, FL 33990 US	Mailing Address 838 SE 9TH STREET CAPE CORAL, FL 33990 U	S		1117		
	DO NOT WRI	CE	05082007 No Chg-P CR2E034 (11/05) 4. FEI Number				
			·	5. Cermicate	Of Status Desired	Fee Require	ad .
838 S CAPE	6. Name and Address of Cu LLY, LORIE IE 9TH STREET E CORAL, FL 33990 above named entity submits this statem		ored office or registe	IN ⁻	NOT WE	ACE	and accept
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.							
SIGNA	TURE Signature, typed or printed name of registerer	red Ageni signature require	ed when (evisitating) DATE				
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finar Trust Fund Contribution.			ancing \$5	00 May Be ed to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.		AND DIRECTORS	,				
TITLE NAME STREET AC CITY-ST-						000763181	
NAME STREET AL				:	05/29/	1000763181 107-80046-0	06 150. 00
TITLE NAME STREET AL CITY - ST-					NOT W		
TITLE NAME STREET A CITY-SI-				IN '	THIS SP	ACE	
NAME STREET A	DORESS						

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 607, 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

910-0326