2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094999

Entity Name: DOORS R US, INC

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4409 SE HAMILTON LANE 1741 SW BRISBANE STREET STUART, FL 34997 PORT SAINT LUCIE, FL 34984

Current Mailing Address: New Mailing Address:

4409 SE HAMILTON LANE 1741 SW BRISBANE STREET STUART, FL 34997 PORT SAINT LUCIE, FL 34984

FEI Number: 20-1303327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MICHEL, LINDA
4409 SE HAMILTON LANE
STUART, FL 34997 US

FLEMING, KIMBERLY A
1741 SW BRISBANE STREET
PORT SAINT LUCIE, FL 34984 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: KIMBERLY FLEMING 01/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

STUART, FL 34997

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PORT SAINT LUCIE, FL 34984

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MICHEL, DONALD
 Name:
 MICHEL, DONALD

 Address:
 4409 SE HAMILTON LANE
 Address:
 1741 SW BRISBANE STREET

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 PORT SAINT LUCIE, FL 34984

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 WHITE, ROBERT
 Name:
 FLEMING, KIMBERYL A

 Address:
 4409 SE HAMILTON LANE
 Address:
 1741 SW BRISBANE STREET

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 PORT SAINT LUCIE, FL 34984

 Title:
 S,T
 () Delete
 Title:
 S,T
 (X) Change () Addition

 Name:
 MICHEL, LINDA
 Name:
 FLEMING, WILLIAM L SR

 Address:
 4409 SE HAMILTON LANE
 Address:
 1741 SW BRISBANE STREET

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.

City-St-Zip:

SIGNATURE: DONALD MICHEL P 01/09/2006