


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000048789


1. Entity Name
SECUR-A-DOOR, INC.



Principal Place of Business
**910 SW 12TH AVE
 POMPANO BCH, FL 33069**

Mailing Address
**P.O. BOX 6549
 DELRAY BCH, FL 33482**

DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2600991

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**SCHWEIBISH, SHARON
 910 SW 12 AVE
 POMPANO BEACH, FL 33069**

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWEIBISH, RALPH
STREET ADDRESS	910 SW 12TH AVE
CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	V
NAME	NEEDELL, STACY
STREET ADDRESS	910 SW 12TH AVE
CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	S
NAME	SCHWEIBISH, SHARON
STREET ADDRESS	910 SW 12TH AVE
CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	T
NAME	SINGER, SAMANTHA
STREET ADDRESS	910 SW 12TH AVE
CITY-ST-ZIP	POMPANO BCH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/19/07-80019-020 150.00

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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.

SIGNATURE: *Sharon Schweibish* **PRESIDENT** 3/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SCHWEIBISH Date Daytime Phone #