

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90011 032 \*\*\*158.75



**DOCUMENT # P06000131475**

1. Entity Name  
**DOOR OPENING SOLUTIONS INC**

Principal Place of Business      Mailing Address  
**3665 SOUTH ORLANDO DRIVE SUITE-466**      **3665 SOUTH ORLANDO DRIVE SUITE-466**  
**SANFORD FL 32773**      **SANFORD FL 32773**  
**US**      **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

1st MOORE      CR2E034 (10/06)

4. FEI Number      Applied For  
**205723399**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**PAJARO, RENE**      Name  
**2748 RIDGEWOOD AVENUE**      Street Address (P.O. Box Number is Not Acceptable)  
**67**      City      **FL**      Zip Code  
**SANFORD FL 32773**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**  
 9. Election Campaign Financing      **\$5.00 May Be**  
 Trust Fund Contribution.  **Added to Fees**

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | P, D<br>PAJARO, RENE<br>2748 RIDGEWOOD AVE #67<br>SANFORD FL 32773 | TITLE   |   |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY - ST - ZIP            |  | CITY - ST - ZIP                                       |   |
|                            | <input type="checkbox"/> Delete                                    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |  | TITLE   |   |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY - ST - ZIP            |  | CITY - ST - ZIP                                       |   |
|                            | <input type="checkbox"/> Delete                                    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |  | TITLE   |   |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY - ST - ZIP            |  | CITY - ST - ZIP                                       |   |
|                            | <input type="checkbox"/> Delete                                    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |  | TITLE   |   |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY - ST - ZIP            |  | CITY - ST - ZIP                                       |   |
|                            | <input type="checkbox"/> Delete                                    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |  | TITLE   |   |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY - ST - ZIP            |  | CITY - ST - ZIP                                       |   |
|                            | <input type="checkbox"/> Delete                                    |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rene Pajaro*      2-19-2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #