

1.) CORPORATION NAME:

DUE DATE: **3/31/2014**

Open Doors, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **06921670**

**RACHEL HUNDLEY
176 WEST MARKET STREET
HARRISONBURG, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 176 W MARKET ST

CITY/ST/ZIP: HARRISONBURG, VA 22801

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BOB TALBOTT TITLE: PRESIDENT ADDRESS: 205 SOUTH MAIN STREET CITY/ST/ZIP/CO: HARRISONBURG, VA 22801-3604	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYNN MARTIN TITLE: VICE PRESIDENT ADDRESS: 247 CAMPBELL ST. CITY/ST/ZIP/CO: HARRISONBURG, VA 22801	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY BARBER TITLE: TREASURER ADDRESS: 206 BROAD STREET CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JASMINE HARDESTY TITLE: SECRETARY ADDRESS: 111A S TIMBER WAY CITY/ST/ZIP/CO: BROADWAY, VA 22815	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RACHEL C HAMMER TITLE: DIRECTOR ADDRESS: 101 N. MAIN ST. CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ABBAS RAWOOT TITLE: DIRECTOR ADDRESS: 167 N LIBERTY STREET, STE. D CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CELEST WILLIAMS DIRECTOR P.O. BOX 809 HARRISONBURG, VA 22803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL WONG DIRECTOR 286 KELLEY ST. HARRISONBURG, VA 22802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNN SKIRVEN DIRECTOR 112 NW VIEW STREET BRIDGEWATER, VA 22812	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BOB TALBOTT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BOB TALBOTT, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/22/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			