

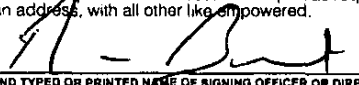


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000005866			
1. Entity Name RESCOM OVERHEAD DOORS, INC.			
Principal Place of Business 5800 SCOTT HAMILTON DR. LITTLE ROCK, AR 72209		Mailing Address P.O. BOX 8915 LITTLE ROCK, AR 72219-8915	
DO NOT WRITE IN THIS SPACE			
		 01052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 73-1681737	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000597556 01/24/07-80037-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEMER, A.B. 150 E. CAMPUS VIEW BLVD., SUITE 250 COLUMBUS, OH 43235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAILEY, ROGER 150 E. CAMPUS VIEW BLVD., SUITE 250 COLUMBUS, OH 43235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BAILEY, ROGER 150 E. CAMPUS VIEW BLVD., SUITE 250 COLUMBUS, OH 43235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		Roger Bailey	1/8/07 501-570-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #