2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000133148

Entity Name: AAA AMERICAN OVERHEAD DOORS, INC.

FILED Feb 20, 2007 Secretary of State

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

11935 BRUCE HUNT RD 11943 BRUCE HUNT RD. MINNEOLA, FL 34715 US CLERMONT, FL 34715 US

Current Mailing Address: New Mailing Address:

11935 BRUCE HUNT RD.
MINNEOLA, FL 34715 US

11943 BRUCE HUNT RD.
CLERMONT, FL 34715 US

FEI Number: 20-0368948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FULLINGTON, TONYA Y CO-OWNE

11735 BRUCE HUNT RD

MINNEOLA, FL 34715 US

FULLINGTON, TONYA Y CO-OWNE

11943 BRUCE HUNT RD

CLERMONT, FL 34715 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: TONYA Y. FULLINGTON 02/20/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition Name: FULLINGTON, TONYA Y Name: FULLINGTON, TONYA Y Address: 11935 BRUCE HUNT RD Address: 11943BRUCE HUNT RD

Address: 11935 BRUCE HUNT RD Address: 11943BRUCE HUNT RD City-St-Zip: MINNEOLA, FL 34715 City-St-Zip: CLERMONT, FL 34715

Title: VD Title: VD (X) Change () Addition () Delete FULLINGTON, JOHN FULLINGTON, JOHN Name: Name: 11935 BRUCE HUNT RD Address: 11943 BRUCE HUNT RD Address: MINNEOLA, FL 34715 CLERMONT, FL 34715 City-St-Zip: City-St-Zip:

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.

SIGNATURE: TONYA Y. FULLINGTON PSDT 02/20/2007