

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State


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01032007 No Chg-P CR2E034 (11/05)

DOCUMENT # F95000005272
1. Entity Name
AMERICAN MINORITY BUSINESS FORMS, INC.



Principal Place of Business: 106 FIRST ST SE, GLENWOOD, MN 56334
Mailing Address: PO BOX 337, GLENWOOD, MN 56334

DO NOT WRITE IN THIS SPACE

4. FEI Number: 41-1725179
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE - SUITE 4
WESTON, FL 33331

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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	DCST
NAME	ZAVADIL, DIANE
STREET ADDRESS	106 FIRST ST. SE
CITY-ST-ZIP	GLENWOOD, MN 56334
TITLE	P
NAME	MESPLAY, KIM
STREET ADDRESS	106 FIRST ST SE
CITY-ST-ZIP	GLENWOOD, MN 56334
TITLE	CEO
NAME	STOTTLER, TAMMY
STREET ADDRESS	106 FIRST ST SE
CITY-ST-ZIP	GLENWOOD, MN 56334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Kim Mesplay 1-3-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #