

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005272

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: AMERICAN MINORITY BUSINESS FORMS, INC.

**Current Principal Place of Business:**

106 FIRST ST SE  
GLENWOOD, MN 56334

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 337  
GLENWOOD, MN 56334

**New Mailing Address:**

FEI Number: 41-1725179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE - SUITE 4  
WESTON, FL 33331 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCST ( ) Delete  
Name: ZAVADIL, DIANE  
Address: 106 FIRST ST. SE  
City-St-Zip: GLENWOOD, MN 56334

Title: P ( ) Delete  
Name: MESPLAY, KIM  
Address: 106 FIRST ST SE  
City-St-Zip: GLENWOOD, MN 56334

Title: CEO ( ) Delete  
Name: STOTTLER, TAMMY  
Address: 106 FIRST ST SE  
City-St-Zip: GLENWOOD, MN 56334

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KIM MESPLAY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PRES

02/21/2008

\_\_\_\_\_ Date