

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24286

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** AMERICAN BUSINESS PROMOTIONS, A DIVISION OF AMERICAN BUSINESS FORMS,  
INCORPORATED

**Current Principal Place of Business:**

31 EAST MINNESOTA AVENUE  
GLENWOOD, MN 56334

**New Principal Place of Business:**

**Current Mailing Address:**

31 EAST MINNESOTA AVENUE  
GLENWOOD, MN 56334

**New Mailing Address:**

**FEI Number:** 41-1393684      **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 DR., STE. 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: PSTD ( ) Delete  
Name: ZAVADIL, LARRY A  
Address: 31 E MINNESOTA AVE  
City-St-Zip: GLENWOOD, MN 56334 US

Title: D ( ) Delete  
Name: BRIGGS, CURT  
Address: 31 E MINNESOTA AVE  
City-St-Zip: GLENWOOD, MN 56334 US

Title: D ( ) Delete  
Name: NILAN, JOE  
Address: 31 E MINNESOTA AVE  
City-St-Zip: GLENWOOD, MN 56334 US

Title: VP ( ) Delete  
Name: STAI, MICHAEL  
Address: 31 E MINNESOTA AVE  
City-St-Zip: GLENWOOD, MN 56334 US

Title: COO ( ) Delete  
Name: MCCLAIN, CRAIG  
Address: 31 E MINNESOTA AVE  
City-St-Zip: GLENWOOD, MN 56334 US

Title: D ( ) Delete  
Name: SEIDEL, JEFF  
Address: 31 E MINNESOTA AVENUE  
City-St-Zip: GLENWOOD, MN 56334 US

**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:

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: MIKE STAI

VP

01/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date