

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24286

FILED
Mar 30, 2009
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: CFO (X) Change () Addition
Name: FROEMMING, TIM
Address: 31 E MINNESOTA AVE
City-St-Zip: GLENWOOD, MN 56334 US

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: TIM FROEMMING

CFO

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date