

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 MAY 17 PM 2:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F00000000556 1. Entity Name AMERICAN SPORTSMAN HOLDINGS CO.					
Principal Place of Business 2500 EAST KEARNEY SPRINGFIELD, MO 65898			Mailing Address 2500 EAST KEARNEY SPRINGFIELD, MO 65898		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-1009055	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CDP MORRIS, JOHN L 2500 EAST KEARNEY SPRINGFIELD, MO 65898 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 000103094580 05/23/07--01012--003 **61.25	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MILLER, TONI M 2500 E KEARNEY SPRINGFIELD, MO 65898 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFO and TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HAGALE, JIM A 2500 E KEARNEY SPRINGFIELD, MO 65898 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KENNETH N. BURROUGHS 2500 EAST KEARNEY SPRINGFIELD, MO 65898	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STEVE W. SMITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY 2500 EAST KEARNEY SPRINGFIELD, MO 65898	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JENNIE CORLEY 2500 EAST KEARNEY SPRINGFIELD, MO 65898	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			TONI M. MILLER, VP, CFO & TREASURER 05/16/07 Date Daytime Phone #		

K. Eckel MAY 17 2007