


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State


DOCUMENT # F02000002288

1. Entity Name
AMERICAN SAVERS BUSINESS ALLIANCE, INC.



Principal Place of Business 16476 CHESTERFIELD AIRPORT ROAD 2ND FLOOR CHESTERFIELD, MO 63017	Mailing Address 16476 CHESTERFIELD AIRPORT ROAD 2ND FLOOR CHESTERFIELD, MO 63017
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 43-1606993	Applied For Not Applicable
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**

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

000000548162
 03/06/07-80100-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JANE 1212 PLANTATION DR SOUTH COLLEYVILLE, TX 6034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GURTNER, PATRICIA 36335 ERIC ST SLIDELL, LA 70460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KING, LAINIE 2805 PEACHTREE LANE COLLEYVILLE, TX 76034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHAFFER, KURT 1212 PLANTATION DR. S COLLEYVILLE, TX 76034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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: Patricia Gurtner 2/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Patricia Gurtner