


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # F02000002288 1. Entity Name AMERICAN SAVERS BUSINESS ALLIANCE, INC.	
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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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01092008 No Chg-NP CR2E037 (4/06)

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	MARTIN, JANE 1212 PLANTATION DR SOUTH COLLEYVILLE, TX 6034
TITLE PD	GURTNER, PATRICIA 36335 ERIC ST SLIDELL, LA 70460
TITLE STD	KING, LAINIE 2805 PEACHTREE LANE COLLEYVILLE, TX 76034
TITLE VPD	SCHAFFER, KURT 1212 PLANTATION DR. S COLLEYVILLE, TX 76034
TITLE NAME	
TITLE NAME	

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 03/13/08-80040-018 61.25

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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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Gurtner 2/28/08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #