

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002288

FILED
Jan 06, 2009
Secretary of State

Entity Name: AMERICAN SAVERS BUSINESS ALLIANCE, INC.

Current Principal Place of Business:

16476 CHESTERFIELD AIRPORT ROAD
2ND FLOOR
CHESTERFIELD, MO 63017

New Principal Place of Business:

16476 WILD HORSE CREEK ROAD
2ND FLOOR
CHESTERFIELD, MO 63017

Current Mailing Address:

16476 CHESTERFIELD AIRPORT ROAD
2ND FLOOR
CHESTERFIELD, MO 63017

New Mailing Address:

16476 WILD HORSE CREEK ROAD
2ND FLOOR
CHESTERFIELD, MO 63017

FEI Number: 43-1606993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTIN, JANE
Address: 1212 PLANTATION DR SOUTH
City-St-Zip: COLLEYVILLE, TX 6034

Title: PD () Delete
Name: GURTNER, PATRICIA
Address: 36335 ERIC ST
City-St-Zip: SLIDELL, LA 70460

Title: STD () Delete
Name: KING, LAINIE
Address: 2805 PEACHTREE LANE
City-St-Zip: COLLEYVILLE, TX 76034

Title: VPD () Delete
Name: SCHAFER, KURT
Address: 1212 PLANTATION DR. S
City-St-Zip: COLLEYVILLE, TX 76034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARTIN, JANE
Address: 1212 PLANTATION DR SOUTH
City-St-Zip: COLLEYVILLE, TX 76034

Title: PD (X) Change () Addition
Name: GURTNER, PATRICIA
Address: 36335 GRIEST
City-St-Zip: SLIDELL, LA 70460

Title: STD (X) Change () Addition
Name: KING, LAINIE
Address: 2805 PEACHTREE LANE
City-St-Zip: PANTEGO, TX 76013

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA GURTNER

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date