## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000002823

Entity Name: COLLEGE BOOKSTORES OF AMERICA, INC.

FILED Apr 08, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	.ITARY TRAIL .M BEACH, FI	_ 33409			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	CK ISLAND C <sup>-</sup> D HEIGHTS, I				
FEI Number:	36-3309518	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOUT	ORATION SY: TH PINE ISLA ON, FL 33324	ND ROAD			
The above in the State		submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
		nic Signature of Registered Age	ent	Date	
Election Carr	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KLUND, JAMES 11559 ROCK IS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WIERSMA, RAI	E FARM RD., STE. 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LACEFIELD, B 11559 ROCK IS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) VINER, LONNIE 706 WEST MAI URBANA, IA 52	N STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) BLASSIE, TOM 10 DAYBREAK ST. LOUIS, MO	ESTATES	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KNIEPMAN, MI	Y LAKE ESTATES DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES KLUND PRES 04/08/2005