

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002823

FILED
Apr 27, 2006
Secretary of State

Entity Name: COLLEGE BOOKSTORES OF AMERICA, INC.

Current Principal Place of Business:

2600 N MILITARY TRAIL
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

11559 ROCK ISLAND CT.
MARYLAND HEIGHTS, MO 63043

New Mailing Address:

FEI Number: 36-3309518

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: KLUND, JAMES
Address: 11559 ROCK ISLAND CT.
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: VP () Delete
Name: WIERSMA, RANDAL
Address: 901-D KILDAIRE FARM RD., STE. 1
City-St-Zip: CARY, NC 27511

Title: D () Delete
Name: LACEFIELD, BILL
Address: 11559 ROCK ISLAND CT.
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: D () Delete
Name: VINER, LONNIE
Address: 706 WEST MAIN STREET
City-St-Zip: URBANA, IA 52345

Title: D () Delete
Name: BLASSIE, TOM
Address: 10 DAYBREAK ESTATES
City-St-Zip: ST. LOUIS, MO 63128

Title: D () Delete
Name: KNIPEMAN, MIKE
Address: 1422 COUNTRY LAKE ESTATES DR.
City-St-Zip: CHESTERFIELD, MO 63005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KLUND, JAMES
Address: 11559 ROCK ISLAND CT.
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: VPD (X) Change () Addition
Name: WIERSMA, RANDAL
Address: 901-D KILDAIRE FARM RD., STE. 1
City-St-Zip: CARY, NC 27511

Title: STD (X) Change () Addition
Name: LACEFIELD, BILL
Address: 11559 ROCK ISLAND CT.
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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

04/27/2006

Electronic Signature of Signing Officer or Director

Date