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Apr 30, 2007 8:00 am
Secretary of State

04-02-2007 90053 001 ***150.00

·2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/2

DOCUMENT # P06000146076

1. Entity Name
AMERICAN BOOK SALES, INC.

Principal Place of Business	Mailing Address
3663 58TH AVENUE NORTH UNIT #736 SAINT PETERSBURG FL 33714	3663 58TH AVENUE NORTH UNIT #736 SAINT PETERSBURG FL 33714

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4001 49th ST. N. #35		4001 49th ST. N.	
Suite, Apt. #, etc. #35		Suite, Apt. #, etc. #35	
City & State ST. Petersburg Fl		City & State St. Petersburg Fl	
Zip 33709	Country USA	Zip 33709	Country USA

4. FEI Number 205941754 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUDINE, JOHN K
3663 58TH AVENUE NORTH
UNIT #736
SAINT PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name: same
Street Address (P.O. Box Number is Not Acceptable): 4001 49th ST. N. #35
City: ST. Petersburg FL Zip Code: 33709

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BAUDINE, JOHN K 3663 58TH AVENUE NORTH, UNIT #736 SAINT PETERSBURG FL 33714	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BAUDINE, JOHN K 4001 49th ST N. #35 St. Petersburg Fl 33709	☑ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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: John K. Baudine — 4/27/07 — 7275278784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #