

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16464

FILED
Jan 08, 2007
Secretary of State

Entity Name: AMERICAN SMALL BUSINESSES ASSOCIATION INC.

Current Principal Place of Business:

206 E. COLLEGE AVENUE
GRAPEVINE, TX 76051

New Principal Place of Business:

206 E. COLLEGE AVENUE
SUITE 201
GRAPEVINE, TX 76051

Current Mailing Address:

206 E. COLLEGE AVENUE
GRAPEVINE, TX 76051

New Mailing Address:

206 E. COLLEGE AVENUE
SUITE 201
GRAPEVINE, TX 76051

FEI Number: 36-3252864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: COBD () Delete
Name: HYNES RICHARD,
Address: 1531 HARLEM
City-St-Zip: ROCKFORD, IL 61103

Title: PD () Delete
Name: HILL BILL SR.,
Address: PO BOX 744
City-St-Zip: JENKS, OK 740370744

Title: STD () Delete
Name: FRYMIRE, NEVA
Address: 2622 BRIARWOOD
City-St-Zip: GRAPEVINE, TX 76051

Title: VPD () Delete
Name: ARAMOVICH, FERDINAND
Address: 5749 BERWICK PL
City-St-Zip: ROCKFORD, IL 61107

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

SIGNATURE: NEVA FRYMIRE

STD

01/08/2007

Electronic Signature of Signing Officer or Director

Date