


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90028 002 \*\*\*\*61.25

<b>DOCUMENT # N96000001867</b> 1. Entity Name <b>ASSOCIATION OF PROFESSIONAL BROCHURE DISTRIBUTORS, INC.</b>		
Principal Place of Business <b>211 REED RD ABSECON NJ 08201 US</b>	Mailing Address <b>211 REED RD ABSECON NJ 08201 US</b>	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>58-1455484</b>	Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>KENNEY, BARBARA 2095 PREMIER ROW ORLANDO FL 32809</b>	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GOLDSMITH, HENRY</b> <input type="checkbox"/> Delete <b>211 REED RD</b> <b>ABSECON NJ 08201</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KEEN, SU</b> <input type="checkbox"/> Delete <b>1011 HAULTAIN CT., UNIT 2</b> <b>MISSISSAUGA, ONTARIO L4W1W1 CA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MORRISON, JAMES</b> <input type="checkbox"/> Delete <b>161 PARK VIEW DRIVE</b> <b>LANDISVILLE PA 17538</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FEARN, JONATHAN</b> <input checked="" type="checkbox"/> Delete <b>1120 JOSHUA WAY</b> <b>VISTA CA 92083</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KENNEY, BARBARA</b> <input type="checkbox"/> Delete <b>2095 PREMIER ROW</b> <b>ORLANDO FL 32809</b> <i>(NOTE - NO LONGER PRESIDENT)</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEW</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JAY STAFFORD</b> <b>1903 HIGHWAY 11E SOUTH</b> <b>JONESBOROUGH, TN 37659-1231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIDDLETON, MICHAEL</b> <input type="checkbox"/> Delete <b>220 STORY RD.</b> <b>OCOE FL 34761</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEW</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JOHN RICE</b> <b>17 NICHOLAS ST.</b> <b>LIMERICK IRELAND</b>

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Henry Goldsmith* **HENRY GOLDSMITH TREASURER 3/27/04 609-645-3292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #