



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90075 032 ****61.25

DOCUMENT # N96000001867					
1. Entity Name INTERNATIONAL ASSOCIATION OF PROFESSIONAL BROCHURE DISTRIBUTORS, INC.					
Principal Place of Business 211 REED RD ABSECON, NJ 08201 US 1115 RIVERSIDE DR. MAYS LANDING NJ 08330		Mailing Address 211 REED RD ABSECON, NJ 08201 US 1115 RIVERSIDE DR. MAYS LANDING NJ 08330			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03072006 Chg-NP CR2E037 (11/05) 4. FEI Number 58-1455484 <input type="checkbox"/> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KENNEY, BARBARA 220 STORY ROAD 1215 SPRUCE AVE OCOE, FL 32824 ORLANDO FL 32824				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	JD	<input type="checkbox"/> Delete	TITLE	EXECUTIVE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, HENRY		NAME		
STREET ADDRESS	211 REED RD		STREET ADDRESS	1115 RIVERSIDE DRIVE	
CITY-ST-ZIP	ABSECON, NJ 08201		CITY-ST-ZIP	MAYS LANDING NJ 08330	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JOHN		NAME		
STREET ADDRESS	ANNACOTTY BUSINESS PARK		STREET ADDRESS		
CITY-ST-ZIP	CO LIMERICK, IRELAND, annacotty		CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, JAMES		NAME		
STREET ADDRESS	161 PARK VIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LANDISVILLE, PA 17538		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, JAY		NAME		
STREET ADDRESS	1903 HIGHWAY 11E SOUTH		STREET ADDRESS		
CITY-ST-ZIP	JONESBOROUGH, TN 376591231		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, BARBARA		NAME		
STREET ADDRESS	2095 PREMIER ROW		STREET ADDRESS	1215 SPRUCE AVE	
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, MICHAEL		NAME		
STREET ADDRESS	220 STORY RD.		STREET ADDRESS		
CITY-ST-ZIP	OCOE, FL 34761		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Henry Goldsmith</u> HENRY GOLDSMITH EXECUTIVE DIRECTOR 3/13/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

SEE PAGE 2 FOR ADDED DIRECTORS

(609) 220-8888

ATTACHMENT

40029667

DOCUMENT N 96000001867

INTERNATIONAL ASSOCIATION OF
PROFESSIONAL BROCHURE DISTRIBUTORS INC

ADDED DIRECTORS

BILL DEERING D
1120 JOSHUA WAY
VISTA, CA 92083

BILL ORLEANS D
161 MAIN ST.
BURLINGTON VT 05401


3/6/06