

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90017 007 ****61.25

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1. Entity Name
INTERNATIONAL ASSOCIATION OF PROFESSIONAL BROCHURE DISTRIBUTORS, INC.

Principal Place of Business
1115 RIVERSIDE DRIVE
MAYS LANDING, NJ 08330 US

Mailing Address
1115 RIVERSIDE DRIVE
MAYS LANDING, NJ 08330 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
58-1455484

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KENNEY, BARBARA
1215 SPRUCE AVENUE
ORLANDO, FL 32824

7. Name and Address of New Registered Agent
 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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	ED	<input type="checkbox"/> Delete
NAME	GOLDSMITH, HENRY	
STREET ADDRESS	1115 RIVERSIDE DRIVE	
CITY-ST-ZIP	MAYS LANDING, NJ 08330	
TITLE	P D	<input type="checkbox"/> Delete
NAME	RICE, JOHN	
STREET ADDRESS	ANNACOTTY BUSINESS PARK	
CITY-ST-ZIP	CO LIMERICK, IRELAND, annacotty	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, JAMES	
STREET ADDRESS	161 PARK VIEW DRIVE	
CITY-ST-ZIP	LANDISVILLE, PA 17538	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STAFFORD, JAY	
STREET ADDRESS	1903 HIGHWAY 11E SOUTH	
CITY-ST-ZIP	JONESBOROUGH, TN 376591231	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KENNEY, BARBARA	
STREET ADDRESS	1215 SPRUCE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIDDLETON, MICHAEL	
STREET ADDRESS	220 STORY RD.	
CITY-ST-ZIP	OCOOE, FL 34761	

TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM DEERING	
STREET ADDRESS	1120 JOSHUA WAY	
CITY-ST-ZIP	VISTA, CA 92081	
TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM ORLEANS	
STREET ADDRESS	377 PINE ST	
CITY-ST-ZIP	BURLINGTON, VT 05401	
TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRA HOWARD	
STREET ADDRESS	# 45-13320 76TH AVE	
CITY-ST-ZIP	SURREY, BC V3W 0H6 CANADA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIM VANDEPUT	
STREET ADDRESS	HELSTSTRAAT 91/7	
CITY-ST-ZIP	2630 AARTSELAAR BELGIUM	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Henry Goldsmith **HENRY GOLDSMITH** 2/1/08 (609) 625-3163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #