


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90056 011 ****61.25

DOCUMENT # N97000000177 1. Entity Name INTERNATIONAL ASSOCIATION OF PANORAMIC PHOTOGRAPHERS, INC.					
Principal Place of Business 8855 REDWOOD ST. LAS VEGAS, NV 89139			Mailing Address 8855 REDWOOD ST. LAS VEGAS, NV 89139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0771941	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LORBER, ADDIE 1385 WEST PALMETTO PARK ROAD WEST BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, D. JOHN 568 MAIN ST. WILBRAHAM, MA 01095			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BLEICH, TOM 7804 KESWICK DR. AUSTIN, TX 78745			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YAKE, JEAN 8855 REDWOOD ST. LAS VEGAS, NV 89139			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELROY, STEPHEN 68-36 108TH ST B-14 FORREST HILLS, NY 11375			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELLING, PHIL 1291 E. HILLSDALE BLVD #221 FOSTER CITY, CA 94404			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARABAICH, RON 2212 N 30TH CT TACOMA, WA 98403			<input type="checkbox"/> Delete	
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.				<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE: <u><i>JEAN YAKE</i></u> <u><i>JEAN YAKE Sec/Treas</i></u> </div> <div style="width: 35%;"> <u>2-15-05</u> <u>702.361.5885</u> </div> </div>	