2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000177

FILED Apr 09, 2007 Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF PANORAMIC PHOTOGRAPHERS, INC.

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
P.O. BOX	ST. STATION 3371 RK, NY 10008		13108 IDLEWILD DR BOWIE, MD 20715	13108 IDLEWILD DR. BOWIE, MD 20715	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX	ST. STATION 3371 RK, NY 10008				
FEI Number:	: 65-0771941	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
		TO PARK ROAD WEST 86 US			
	named entity of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PP (MCCARTHY, I 568 MAIN ST WILBRAHAM,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (BLEICH, TOM 7804 KESWIC AUSTIN, TX 7	CK DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (STETINA, FRA 13108 IDLEW BOWIE, MD 2	ILD DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DELROY, STE 68-36 108TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ORBOCK, DA' 1JH CEDAR A TOWSON, ME	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSE, DAN 8922 HORTON) Delete N DR ARK, KS 66207	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FRAN STETINA T 04/09/2007