

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006820

FILED
Apr 14, 2007
Secretary of State

Entity Name: IPM INTERNATIONAL (DISTRICT OF COLUMBIA), INC.

Current Principal Place of Business:

1447 HWY 69
P.O. BOX 425
OSCEOLA, IA 50213

New Principal Place of Business:

1447 HWY 69
OSCEOLA, IA 50213

Current Mailing Address:

P.O. BOX 11297
WASHINGTON, DC 20008

New Mailing Address:

FEI Number: 52-2323965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALBY, MAIZIE N
2001 CAIRO STREET
P.O. BOX 4477
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

DALBY, MAIZIE N
2001 CAIRO STREET
PENSACOLA, FL 32507 US

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.

SIGNATURE: _____

04/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONRAD, ROBERT
Address: 1447 HWY 69, PO BOX 425
City-St-Zip: OSCEOLA, IA 50213

Title: V () Delete
Name: HAMMOND, BEN
Address: 1001 SO. 55TH STREET
City-St-Zip: KANSAS CITY, KS 66106

Title: S () Delete
Name: OVERSTREET, DAWN
Address: 929 WINONA AVENUE, SW
City-St-Zip: ROANOKE, VA 24015

Title: T (X) Delete
Name: JOHNSON, MARY
Address: 503 ROOSEVELT BLVD A318
City-St-Zip: FALLS CHURCH, VA 22044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOX, DORINDA F
Address: 5645 CORAL RIDGE DRIVE #135
City-St-Zip: CORAL SPRINGS, FL 33076

Title: V (X) Change () Addition
Name: OVERSTREET, DAWN
Address: 929 WINONA AVENUE SW
City-St-Zip: ROANOKE, VA 24015

Title: T (X) Change () Addition
Name: JOHNSON, MARY D
Address: 503 ROOSEVELT BLVD A318
City-St-Zip: FALLS CHURCH, VA 22044

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY D JOHNSON

T

04/14/2007

Electronic Signature of Signing Officer or Director

Date