2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006820

FILED May 09, 2009 Secretary of State

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

| | rincipal Place of Business: | New Prince | cipal Place of Business: |
|--|--|--|---|
| 447 HWY DSCEOLA | A, IA 50213 | | |
| Current N | lailing Address: | New Mail | ng Address: |
| P.O. BOX WASHING | 11297 GTON, DC 20008 | | |
| | : 52-2323965 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did n | FEI Number Not App ot receive the prior notic | |
| lame and | Address of Current Registered Agent: | Name and | Address of New Registered Agent: |
| | AIZIE N RO STREET DLA, FL 32507 US | | |
| he above | named entity submits this statement for the | purpose of changing | its registered office or registered agent, or both |
| | e of Florida. | parposs or onlanging | |
| n the State | e of Florida. | | |
| n the State | e of Florida. | | Date |
| n the State | e of Florida. ************************************ | ent | |
| n the State GGNATUI DFFICER: itle: lame: ddress: | e of Florida. RE: Electronic Signature of Registered Ag | ent | Date |
| n the State | e of Florida. RE: Electronic Signature of Registered Ag S AND DIRECTORS: P () Delete OVERSTREET, DAWN 929 WINONA AVE SW | ent ADDITION Title: Name: Address: | Date NS/CHANGES TO OFFICERS AND DIRECTO |
| n the State GRATUI DFFICER: itle: ame: ddress: ity-St-Zip: itle: ame: ddress: | e of Florida. RE: Electronic Signature of Registered Ag S AND DIRECTORS: P () Delete OVERSTREET, DAWN 929 WINONA AVE SW ROANOKE, VA 24015 V () Delete FOX, DORINDA 941 CALLE MEJIA #903 | ent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: | Date NS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition V (X) Change () Addition DALBY, MAIZIE 2001 CAIRO STREET |

I hereby certify that the information supplied with this filing does not qualify 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 05/09/2009