

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006949

FILED
Mar 20, 2007
Secretary of State

Entity Name: INTERNATIONAL ADOPTION PROFESSIONALS, INC.

Current Principal Place of Business:

3449 HARNESS CIR
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3449 HARNESS CIR
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-5175907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, JOHN C ESQ
THE MONTECITO - STE 801
616 CLEARWATER PARK RD
W PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

GUAGLIONE, ADREA A LCSW
3449 HARNESS CIRCLE
LAKE WORTH, FL 33467 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: ADREA A GUAGLIONE, LCSW

03/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MURRO, JERALD
Address: 11901 OSPREY POINT CIR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: GROSSO, DIANE
Address: 213 HEATHER CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: MOORE, MARY
Address: 11870 SWELLEN CIR
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GUAGLIONE, ANTHONY R JR
Address: 3449 HARNESS CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

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: ANTHONY GUAGLIONE

D

03/20/2007

Electronic Signature of Signing Officer or Director

Date