## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000006949

FILED Apr 24, 2009 Secretary of State

Entity Name: INTERNATIONAL ADOPTION PROFESSIONALS, INC.

Current Principal Place of Business: New Principal Place of Business:

3449 HARNESS CIR WELLINGTON, FL 33449

Current Mailing Address: New Mailing Address:

3449 HARNESS CIR WELLINGTON, FL 33449

FEI Number: 20-5175907 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:

GUAGLIONE, ADREA A LCSW 3449 HARNESS CIRCLE WELLINGTON, FL 33449 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:

Fladeric Construct David and American

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 MURRO, JERALD
 Name:
 GUAGLIONE, ANTHONY R JR

 Address:
 11901 OSPREY POINT CIR
 Address:
 3449 HARNESS CIRCLE

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 WELLINGTON, FL 33449

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GROSSO, DIANE
 Name:

 Address:
 213 HEATHER CT
 Address:

 City-St-Zip:
 ROYAL PALM BEACH, FL 33411
 City-St-Zip:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name:GUAGLIONE, ANTHONY R JRName:GUAGLIONE, ADREAAddress:3449 HARNESS CIRCLEAddress:3449 HARNESS CIRCLECity-St-Zip:LAKE WORTH, FL 33467City-St-Zip:WELLINGTON, FL 33449

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: ADREA GUAGLIONE D 04/24/2009