

# 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:**

3449 HARNESS CIR  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

3449 HARNESS CIR  
WELLINGTON, FL 33449

**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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: GUAGLIONE, ANTHONY R JR  
Address: 3449 HARNESS CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GUAGLIONE, ANTHONY R JR  
Address: 3449 HARNESS CIRCLE  
City-St-Zip: WELLINGTON, FL 33449

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

Title: D (X) Change ( ) Addition  
Name: GUAGLIONE, ADREA  
Address: 3449 HARNESS CIRCLE  
City-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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date