

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000001867**

1. Entity Name  
**INTERNATIONAL ASSOCIATION OF PROFESSIONAL  
BROCHURE DISTRIBUTORS, INC.**



Principal Place of Business  
**1115 RIVERSIDE DRIVE  
MAYS LANDING, NJ 08330 US**

Mailing Address  
**1115 RIVERSIDE DRIVE  
MAYS LANDING, NJ 08330 US**



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1455484**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KENNEY, BARBARA  
1215 SPRUCE AVENUE  
ORLANDO, FL 32824**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000589378  
01/18/07-90013-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	ED
NAME	GOLDSMITH, HENRY
STREET ADDRESS	1115 RIVERSIDE DRIVE
CITY-ST-ZIP	MAYS LANDING, NJ 08330
TITLE	P
NAME	RICE, JOHN
STREET ADDRESS	ANNACOTTY BUSINESS PARK
CITY-ST-ZIP	CO LIMERICK, IRELAND, annacotty
TITLE	D
NAME	MORRISON, JAMES
STREET ADDRESS	161 PARK VIEW DRIVE
CITY-ST-ZIP	LANDISVILLE, PA 17538
TITLE	SD
NAME	STAFFORD, JAY
STREET ADDRESS	1903 HIGHWAY 11E SOUTH
CITY-ST-ZIP	JONESBOROUGH, TN 376591231
TITLE	TD
NAME	KENNEY, BARBARA
STREET ADDRESS	1215 SPRUCE AVENUE
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	D
NAME	MIDDLETON, MICHAEL
STREET ADDRESS	220 STORY RD.
CITY-ST-ZIP	OCOE, FL 34761

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HENRY GOLDSMITH**

1/10/07

Date

(609) 625-3163

Daytime Phone #