2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001867

FILED Jan 14, 2009 Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF PROFESSIONAL BROCHURE DISTRIBUTORS, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	RSIDE DRIVE IDING, NJ 0833	30 US					
Current Mailing Address:				New Mailing Address:			
	RSIDE DRIVE IDING, NJ 0833	30 US					
FEI Number:	58-1455484	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status	Desired ()
Name and	Address of Cu	ırrent Registered Agent	:	Name and	Address o	f New Registered Ag	jent:
	JCE AVENUE	US					
	named entity su of Florida.	ubmits this statement for th	he purpose of	f changing it	s registered	d office or registered a	agent, or both,
SIGNATUR	RE:						
	Electronic	Signature of Registered	Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ED () E GOLDSMITH, HE 1115 RIVERSIDE MAYS LANDING,	DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	RICE, JOHN ANNACOTTY BU	Delete SINESS PARK RELAND, ANNACOTTY		Title: Name: Address: City-St-Zip:		(X) Change () Addition I Y BUSINESS PARK CK, IRELAND, OC 00000	
Title: Name: Address: City-St-Zip:	SD ()E HOWARD, KIRA 78TH AVE SURREY, CA 45	Delete -1320		Title: Name: Address: City-St-Zip:	SD HOWARD, K 78TH AVE SURREY, O		
Title: Name: Address: City-St-Zip:	D () [VANDEPUT, WIM HELSTSTRAAT 5 AARTSELAAR, B	517		Title: Name: Address: City-St-Zip:	D VANDEPUT, HELSTSTRA AARTSELAA		
Title: Name: Address: City-St-Zip:	PD () DEERING, WILLI 1120 JOSHUA W VISTA, CA 9208	/AY		Title: Name: Address: City-St-Zip:	P DEERING, V 1120 JOSHU VISTA, CA S	JA WAY	
Title: Name: Address: City-St-Zip:	D () E MIDDLETON, MIO 220 STORY RD. OCOEE, FL 347			Title: Name: Address: City-St-Zip:		() Change () Addition	

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: GOLDSMITH HENRY ED 01/14/2009