

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069476

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF COURIERS INC.

## Current Principal Place of Business:

12601 SE 53RD TERRACE ROAD  
BELLEVIEW, FL 34420

## New Principal Place of Business:

## Current Mailing Address:

12601 SE 53RD TERRACE ROAD  
BELLEVIEW, FL 34420

## New Mailing Address:

FEI Number: 65-1122585

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEUHARTH, DAVID J SEC  
12601 SE 53RD TERRACE RD.  
BELLEVIEW, FL 34420 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CRAIG, KATHY  
Address: 3108 SYCAMORE RD  
City-St-Zip: AMES, IA 50014

Title: VP ( ) Delete  
Name: CRAIG, JOSEPH  
Address: 3108 SYCAMORE RD  
City-St-Zip: AMES, IA 50014

Title: S ( ) Delete  
Name: NEUHARTH, DAVID  
Address: 12601 SE 53RD TERRACE ROAD  
City-St-Zip: BELLEVIEW, FL 34420

Title: P ( ) Delete  
Name: CRAIG, KATHY  
Address: 3108 SYCAMORE RD  
City-St-Zip: AMES, IA 50014

Title: T ( ) Delete  
Name: NEUHARTH, ELIZABETH  
Address: 120601 SE 53RD TERR RD.  
City-St-Zip: BELLEVIEW, FL 34420

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CRAIG, KATHY  
Address: 5300 CAMELLIA LN  
City-St-Zip: LUMBERTON, NC 28360

Title: VP (X) Change ( ) Addition  
Name: CRAIG, JOSEPH  
Address: 5300 CAMELLIA LN  
City-St-Zip: LUMBERTON, NC 28360

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

Title: P (X) Change ( ) Addition  
Name: CRAIG, KATHY  
Address: 5300 CAMELLIA LN  
City-St-Zip: LUMBERTON, NC 28360

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY CRAIG

PRES

04/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date