

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039382

FILED
Apr 07, 2010
Secretary of State

Entity Name: INTEGRITY HEALTH PRODUCTS, LLC

Current Principal Place of Business:

4521 PGA BLVD.
SUITE 169
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

12-111 FOURTH AVENUE, SUITE 365
ST. CATHARINES, ONTARIO
CANADA L2S 3P5, XX

New Mailing Address:

12-111 FOURTH AVENUE, SUITE 365
ST. CATHARINES, ONTARIO
CANADA L2S 3P5, CA L2S3P5 XX

FEI Number: 74-3109734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HOGLUND, JOHN W
Address: 4521 PGA BLVD., STE. 169
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGRM
Name: BROCCOLO, MICHAEL A
Address: 12-111 FOURTH AVE., STE. 365
City-St-Zip: ST. CATHARINES, ONT. CANADA, XX

Title: MGRM
Name: BROCCOLO, GINA
Address: 4466 LAKESIDE DRIVE
City-St-Zip: BEAMSVILLE, ONT., CANADA, XX

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL A. BROCCOLO

MGRM

04/07/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date