


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jun 12, 2006 8:00 am
Secretary of State

05-04-2006 90244 035 ***150.00

DOCUMENT # M33538
1. Entity Name
INTEGRITY MORTGAGE CORP.



Principal Place of Business 782 NW 42 AVE. 428-A MIAMI, FL 33126-5536 US	Mailing Address 782 NW 42 AVE 428-A MIAMI, FL 33126-5536 US
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02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2682641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARRILLO, PEDRO L.
782 NW 42ND AVE
MIAMI, FL 33128

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARRILLO, PEDRO L. 782 N.W. 42 AVE., #428-A MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARRILLO, PEDRO L. JR 520 PINECREST DRIVE MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARRILLO, MARIA E. 520 PINECREST DRIVE MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CARRILLO, ALBERT A. 520 PINECREST DRIVE MIAMI SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowerment.

SIGNATURE: *Pedro Carrillo* 6/9/06 305-447-1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #