

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096695

FILED  
Jun 09, 2008  
Secretary of State

Entity Name: BUSINESS INTEGRATION GROUP, INC.

**Current Principal Place of Business:**

20865 NE 31 PLACE  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

20865 NE 31 PLACE  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 65-1147494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CIECHANOWIECKI, JEAN H  
20865 NE 31 PLACE  
AVENTURA, FL 33180      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MR ( ) Delete  
Name: CIECHANOWIECKI, JEAN H  
Address: 20865 NE 31 PLACE  
City-St-Zip: AVENTURA, FL 33180

Title: MRS ( ) Delete  
Name: CIECHANOWIECKI, DIANE H  
Address: 20865 NE 31 PLACE  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DIANE CIECHANOWIECKI

OFFI

06/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date