2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 16, 2011
Secretary of State

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Entity Name: INTEGRITY BIOFEEDBACK INC.

Current Principal Place of Business:

SUNSHINE PROFESSIONAL CENTER
9240 BONITA BEACH RD., STE. 2217
BONITA SPRINGS, FL 34135

New Principal Place of Business:

BONITA BAY PROFESSIONAL CENTER
3541 BONITA BAY BLVD. SUITE 100
BONITA SPRINGS, FL 34134

Current Mailing Address:

P.O. BOX 508
BONITA SPRINGS, FL 34133 63

New Mailing Address:

FEI Number: 30-0326651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUDAH, BRENDA L
11321 RIDGE ROAD
BONITA SPRINGS, FL 34135 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

OFFICERS AND DIRECTORS:

Title: DP
Name: JUDAH, BRENDA L
Address: 11321 RIDGE ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SEC
Name: BARTHOLOMEW, PATRICIA L
Address: 1016 SUNRISE BLVD.
City-St-Zip: NAPLES, FL 34110

Title: DP
Name: OYER, SHARRON
Address: P.O. BOX 508
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA L. BARTHOLOMEW SEC. 11/16/2011
Electronic Signature of Signing Officer or Director Date