## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000000827

FILED Mar 19, 2009 Secretary of State

Entity Name: INTEGRITY STAFFING SOLUTIONS AND SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 500 NORTH WESTSHORE BLVD 1300 N WESTSHORE BLVD SUITE 600 SUITE 205 TAMPA, FL 33609 TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** 750 SHIPYARD DRIVE SUITE 300 WILMINGTON, DE 19801 FEI Number: 23-2917432 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. TALLAHASSEE, FL 323011283 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BAVOL-MONTGOMERY, TODD Name: Name: 237 HOCKESSIN CIRCLE Address: Address: City-St-Zip: HOCKESSIN, DE 19707 City-St-Zip: Title: VSD () Delete Title: () Change () Addition Name: BAVOL-MONTGOMERY, SEAN Name: 237 HOCKESSIN CIRCLE Address: Address: HOCKESSIN, DE 19707 City-St-Zip: 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: SEAN BAVOL-MONTGOMERY COO 03/19/2009