2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002098

Entity Name: INTEGRITAX, INC.

City-St-Zip:

ROSWELL, GA 30075

FILED Jul 29, 2008 Secretary of State

Littly Nai	ile. INTEGRI	TAX, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
303 HICKORY RIDGE TRAIL STE 160 WOODSTOCK, GA 301886861				139 VILLAGE CENTRE WEST SUITE 120 WOODSTOCK, GA 30188			
Current Mailing Address:				New Mailing Address:			
303 HICKORY RIDGE TRAIL STE 160 WOODSTOCK, GA 301886861				139 VILLAGE CENTRE WEST SUITE 120 WOODSTOCK, GA 30188			
FEI Number:	58-2369563	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
515 EAST	ECT AGENTS PARK AVENU SSEE, FL 323	jE					
The above in the State		submits this statement for the p	ourpose of	changing it	s registered	d office or regis	tered agent, or both,
SIGNATUR	RE:						
	Electron	nic Signature of Registered Age	ent	Date			
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive th	e prior notice	э.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (JORDAN, VALE 4503 ACADEM ACKWORTH, C	Y DR.		Title: Name: Address: City-St-Zip:		() Change () Ad	ddition
Title: Name: Address: City-St-Zip:	VP (PAREKH, NILE 4985 FAIRHAV ALPHARETTA,	EN WAY		Title: Name: Address: City-St-Zip:	VP PAREKH, NI 4985 FAIRH ROSWELL,	AVEN WAY	ddition
Title: Name: Address:	S (STINSON, LAU 3560 LAKEWIN			Title: Name: Address:	S STINSON, L 3560 LAKEV		ddition

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.

City-St-Zip: ALPHARETTA, GA 30005

SIGNATURE: VALERIE JORDAN P 07/29/2008