


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90067 049 \*\*\*150.00

<b>DOCUMENT # F06000007474</b>	
1. Entity Name <b>CAPTURE INTEGRATION, INC.</b>	

Principal Place of Business <b>330 PETERS ST STE 102 ATLANTA, GA 30313</b>	Mailing Address <b>330 PETERS ST STE 102 ATLANTA, GA 30313</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
03112008	Chg-P CR2E034 (12/06)
4. FEI Number <b>58-2611774</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>BECKHAM, BRIAN</b> <b>7227 57TH AVE N</b> <b>ST PETERSBURG, FL 33709</b>	

7. Name and Address of New Registered Agent	
Name <b>Davy Peterson</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>701 Fourth St.</b>	
Suite <b>201</b>	
City <b>Miami Beach</b>	FL Zip Code <b>33139</b>

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 <b>Davy Peterson</b>	DATE <b>March 17, 2008</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPST GALLAGHER, DAVID W 5109 STAPLEHURST LN WOODSTOCK, GA 30189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other like empowered.	
SIGNATURE: <b>[Signature]</b>	DATE <b>3/15/08</b> DAYTIME PHONE <b>(770) 846-5223</b>