2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004539

Entity Name: INTEGRA RESORT MANAGEMENT, INC.

FILED Feb 14, 2006 Secretary of State

Entity Nam	ie: INTEGRA	RESORT MANAGEMENT, INC.				
Current Pri	incipal Place	of Business:	New Princ	New Principal Place of Business:		
6165 CARRIER DRIVE ORLANDO, FL 32819			400 GRAN	C/O BAHAMA BAY RESORT 400 GRAN BAHAMA BLVD DAVENPORT, FL 33897		
Current Ma	iling Address	s:	New Mailir	New Mailing Address:		
6165 CARR ORLANDO,				BAHAMA BL\ RT, FL 33897		
FEI Number:	75-2611784	FEI Number Applied For ()	El Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:	
GORDON, 6165 CARR ORLANDO,	IER DRIVE	US		TERED AGEI KELL AVENUI 33131 US		
The above r		ubmits this statement for the purp	oose of changing it	s registered o	ffice or registered agent, or both,	
SIGNATUR	E: MICHAEL	D GALLINAR			02/14/2006	
	Electroni	c Signature of Registered Agent			Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D () GORDON, JOHN 6165 CARRIER ORLANDO, FL	DRIVE	Title: Name: Address: City-St-Zip:	D (X CARIUS, ALEX 400 GRAN BAH DAVENPORT, F	AMA BLVD.	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	P () BARRETT, ROB 400 GRAN BAH DAVENPORT, F	AMA BLVD	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () CARIUS, ALEX 400 GRAN BAH DAVENPORT, F		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	S () BASHAM, LARF 400 GRAN BAH DAVENPORT, F	AMA BLVD	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	CFO () EVANS, MIKE 400 GRAN BAH DAVENPORT, F		

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT BARRETT P 02/14/200	06
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