2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

	AIIIOAL	secretary or state							
DOCUMENT # F98000001185 1. Entity Name INTEGRITY CREDIT SERVICES INC.						04-26-2007	90203 ()39 ***15	0.00
Principal Place of Business Mailing Address					7				
P 0 B0X 151		P O BOX 151249 ALTAMONTE SPRINGS, FL 32715			, · · ·				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02132007	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Numb 59-347				plied For t Applicable
Zip	Country	Zìp	Zip Coun		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current		7. Name and	Address of New F	Registered	Agent	· · ·		
HIGGINBOTHAM, DAVID E SR				Name					
2408 S PALMETTO AVE SANFORD, FL 32771				Street Address	(P.O. Box Numb	er is Not Acceptabl	e) 		
				City			FL	Zip Cod	e
- 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when							DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.					.00 May Be ded to Fees				
10. OFFICERS AND DIRECTORS			11.		ADDITIONS	CHANGES TO OFF	FICERS ANI	D DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HIGGINBOTHAM, DAVID E SR 2408 S. PALMETTO AVE.			T T				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP □ Delete HIGGNBOTHAM, DAVID E JR 1942 CRANBERRY ISLES WAY APOPKA, FL 32712		В	j				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete WINES, MARY L 750 HADDONSTONE CIR., #206 HEATHROW, FL 32746							☐ Change	Addition
NAME STREET ADDRESS CITY ST-ZIP	ST Delete HIGGINBOTHAM, MARY S 2408 PALMETTO AVE. SANFORD, FL 32771							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		- 1				☐ Change	Addition
THILE, NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l				☐ Change	Addition

12. Thereby certify that the information supplied with this filling 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: David E. Hattle SA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2.07 407-831-8080

Daytime Phone #