

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F98000001185</b> 1. Entity Name <b>INTEGRITY CREDIT SERVICES INC.</b>						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; opacity: 0.5;">08 SEP -2 PM 5:01</div> <div style="font-size: 0.8em; opacity: 0.5;">CLERK OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>P O BOX 151249 ALTAMONTE SPRINGS, FL 32715</b>		Mailing Address <b>P O BOX 151249 ALTAMONTE SPRINGS, FL 32715</b>					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		08132008    Chg-P    CR2E034 (12/06)			
City & State		City & State		4. FEI Number <b>59-3475583</b>			
Zip    Country		Zip    Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HIGGINBOTHAM, DAVID E SR 2408 S PALMETTO AVE SANFORD, FL 32771</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HIGGINBOTHAM, DAVID E SR <input checked="" type="checkbox"/> Delete 2408 S. PALMETTO AVE. SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000135371470</b> 09/04/08--01035--012    **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIGGINBOTHAM, DAVID E JR <input type="checkbox"/> Delete 1942 CRANBERRY ISLES WAY APOPKA, FL 32712		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINES, MARY L <input type="checkbox"/> Delete 911 N ORANGE AVE APT 550 ORLANDO, FL 32801		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			
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			
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: <i>David E. Hyatt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			08-26-08    407-831-8080 Date    Daytime Phone #		5/2 9A		