

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90012 014 ****50.00

0001187




01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3636158	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

DOCUMENT # L00000002228
1. Entity Name
INTEGRITY FINANCIAL SYSTEMS, LLC



Principal Place of Business 740 S. RIDGEWOOD AVE ORMOND BEACH, FL 32174	Mailing Address 740 S. RIDGEWOOD AVE ORMOND BEACH, FL 32174
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARMAN, MICHAEL P
740 S. RIDGEWOOD AVE
ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARMAN, MICHAEL P 740 S. RIDGEWOOD AVE. ORMOND BEACH, FL 32714
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: Michael P Arman Michael P Arman 1-9-06 386 672 0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #