

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019408

FILED
Feb 07, 2006
Secretary of State

Entity Name: INTEGRITY FIRST INSURANCE SERVICES, LLC

Current Principal Place of Business:

52 THIRD STREET NW
C/O J. ROBERT WALKER
WINTER HAVEN, FL 33881

New Principal Place of Business:

452 OSCEOLA ST
SUITE 113
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

52 THIRD STREET NW
C/O J. ROBERT WALKER
WINTER HAVEN, FL 33881

New Mailing Address:

4500 SAILBREEZE COURT
C/O DEBORAH J. TURNER
ORLANDO, FL 32810

FEI Number: 04-3735306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALKER, JOSEPH R
52 THIRD STREET NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

TURNER, DEBORAH J
4500 SAILBREEZE COURT
ORLANDO, FL 32810 US

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.

SIGNATURE: DEBORAH J. TURNER

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TURNER, DEBORAH J
Address: 230 N. WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR (X) Delete
Name: WALKER, JOSEPH R
Address: 52 THIRD STREET NW
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: DEBORAH J. TURNER

MGM

02/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date