2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029276

Entity Name: INTEGRITY CAPITOL ADVANCE SOLUTIONS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
5353 N. FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33308	420 SE 19TH STREET FORT LAUDERDALE, FL 33316
Current Mailing Address:	**New Mailing Address:**
5353 N. FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33308	420 SE 19TH STREET FORT LAUDERDALE, FL 33316

FEI Number: 20-1019170   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
LEVINE, JEFFREY 5353 N. FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE, FL 33308 US	LEVINE, JEFFREY 420 SE 19TH STREET FORT LAUDERDALE, FL 33316 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: JEFFREY LEVINE   04/28/2006

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LEVINE, JEFFREY	Name:	
Address:	3000 HOLIDAY DRIVE #803	Address:	
City-St-Zip:	FORT LAUDERDALE, FL 33308	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	TRIMARCO, MICHAEL	Name:	
Address:	139 W. 35TH STREET, #12J	Address:	
City-St-Zip:	NEW YORK, NY 10016	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: JEFFREY LEVINE   MGRM   04/28/2006

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