

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032552

FILED
Jan 18, 2006
Secretary of State

Entity Name: INTEGRITY HOME INTERIORS LLC

Current Principal Place of Business:

2809 MIDDLE ST
ORLANDO, FL 32807

New Principal Place of Business:

2721 N FORSYTH RD
SUITE#254
WINTER PARK, FL 32792

Current Mailing Address:

2809 MIDDLE ST
ORLANDO, FL 32807

New Mailing Address:

2721 N FORSYTH RD
SUITE#254
WINTER PARK, FL 32792

FEI Number: 20-2524704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, BRIAN
2809 MIDDLE ST
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

FISHER, BRIAN
1345 GUINEVERE DR
CASSELBERRY, FL 32707 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: BRIAN FISHER

01/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FISHER, BRIAN
Address: 2809 MIDDLE ST
City-St-Zip: ORLANDO, FL 32807

Title: MGRM () Delete
Name: FREY, JERRY
Address: 2809 MIDDLE ST
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FISHER, BRIAN
Address: 1345 GUINEVERE DR
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM (X) Change () Addition
Name: FREY, JERRY
Address: 1345 GUINEVERE DR
City-St-Zip: CASSELBERRY, FL 32707

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: BRIAN FISHER

MGRM

01/18/2006

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