2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000053477

1. Entity Name INTEGRITY HOME SOLUTIONS LLC



FILED Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

405 S DALE MABRY HWY STE 202 TAMPA, FL 33609 405 S DALE MABRY HWY STE 202 TAMPA, FL 33609



04052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHEELER, SCOTT 405 S DALE MABRY HWY STE 202 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

| в. | 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000890406 04/22/08-80094-005 138.75

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WHEELER, SCOTT 405 S DALE MABRY HWY STE 202 TAMPA, FL 33609 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MALLOY, LAWRENCE 405 S DALE MABRY HWY STE 202 TAMPA, FL 33609 | |
| * TITLE NAME STREET ADDRESS CHY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filling does not qualify for the e | | |

DO NOT WRITE IN THIS SPACE

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 (lability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND WEED OF DEINTED NAME OF RIGHING MANAGING MEMBED OF AUTHORIZED PERFECTATIVE

4-8-08

31-7280

Daytime Phone #