
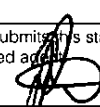



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90039 029 ****50.00

DOCUMENT # L06000080489 1. Entity Name INTEGRITY WOOD INDUSTRIES, LLC					
Principal Place of Business 4929 STEVE REEVES LANE PLANT CITY, FL 33565 US			Mailing Address 4929 STEVE REEVES LANE PLANT CITY, FL 33565 US		
2. Principal Place of Business - No P.O. Box # 8504 Adamo Dr.		3. Mailing Address same.			
Suite, Apt. #, etc. Ste. 140		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State			
Zip 33619	Country USA	Zip	Country	4. FEI Number 20-5653756	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BALESTENA, ANTONIO TOMAS 4929 STEVE REEVES LANE PLANT CITY, FL 33565			7. Name and Address of New Registered Agent Name Antonio Tomas Balestena Street Address (P.O. Box Number is Not Acceptable) 8504 Adamo Dr. Ste 140 City Tampa FL Zip Code 33619		
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 			DATE 3/30/07		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALESTENA, ANTONIO TOMAS 4929 STEVE REEVES LANE PLANT CITY, FL 33565	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Balestena, Antonio Tomas 8504 Adamo Dr. Ste 140 Tampa FL 33619
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALESTENA, ANTONIO R 12515 NORTH KENDALL DRIVE, SUITE 328 MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Balestena, Antonio R. 8504 Adamo Dr. Ste 140 Tampa, FL 33619
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALESTENA, LOURDES 12515 NORTH KENDALL DRIVE, SUITE 328 MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Balestena, Lourdes 8504 Adamo Dr. Ste 140 Tampa FL 33619
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 608, Florida Statutes.					
SIGNATURE: 			DATE 3/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		