

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 19, 2009
Secretary of State

DOCUMENT# N07000007773

Entity Name: INTEGRAL FOUNDATION, INC.

Current Principal Place of Business:1521 ALTON RD.
#835
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**1521 ALTON RD.
#835
MIAMI BEACH, FL 33139**New Mailing Address:**

FEI Number: 26-0728357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GALLO, DEREK
1521 ALTON RD.
#835
MIAMI BEACH, FL 33139 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: GALLO, DEREK
Address: 1521 ALTON RD., #835
City-St-Zip: MIAMI BEACH, FL 33139Title: D () Delete
Name: SENES, ALESSANDRA
Address: 808 BRICKELL KEY DRIVE, #3303
City-St-Zip: MIAMI, FL 33131Title: D () Delete
Name: SUAREZ, ROBERTO
Address: 2410 BRICKELL AVE., #105C
City-St-Zip: MIAMI, FL 33129Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: S () Change (X) Addition
Name: CARLOS, SCHULTZ
Address: 910 WEST AVE, #1106
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEREK GALLO

D

11/19/2009

Electronic Signature of Signing Officer or Director

Date