2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000095188

Entity Name: INTEGRITY MORTGAGE OF LAKELAND, INC.

FILED Aug 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4415 FLORIDA NATIONAL DR. 4404 S. FLORIDA AVE SUITE 7

SUITE 205 LAKELAND, FL 33813 LAKELAND, FL 33813

Current Mailing Address: New Mailing Address:

4415 FLORIDA NATIONAL DR. 4404 S. FLORIDA AVE SUITE 7 SUITE 205

LAKELAND, FL 33813 LAKELAND, FL 33813

FEI Number: 59-3639317 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:

HUGHES, KATHLEEN SOTO, MARIELIZ 4415 FLORIDA DR 101 WINDSOR

LAKELAND, FL 33813 US LAKELAND, FL 33813 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: MARIELIZ SOTO 08/18/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HUGHES, KATHLEEN HUGHES, TONY Name: Name: 101 WINDSOR 101 WINDSOR Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

Title: Title: () Delete (X) Change () Addition JOHNSON, ESTRELLA Name: Name:

JOHNSON, ESTRELLA 6936 LAKE EAGLEBROOKE DR 4415 FLORIDA DR. Address: Address: LAKELAND, FL 33813 LAKELAND, FL 33813 City-St-Zip: City-St-Zip:

Title: Title: () Delete D (X) Change () Addition

KING, CYNTHIA KING, CYNTHIA Name: Name: 6936 LAKE EAGLEBROOKE DR. 4415 FLORIDA DR Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

Title: D/VP () Delete Title: VΡ (X) Change () Addition

HUGHES, TONY SOTO, MARIELIZ Name: Name: Address: 101 WINDSOR Address: 4415 FLORIDA DR City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: MARIELIZ SOTO 08/18/2005