

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000105980

Entity Name: ENTEGRA SALES, INC.

FILED
Oct 28, 2005
Secretary of State**Current Principal Place of Business:**819 S FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994**New Principal Place of Business:****Current Mailing Address:**819 S FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994**New Mailing Address:**

FEI Number: 65-1060533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ZUMMO, ROSEMARIE
819 S FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994 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: P () Delete
Name: MONSON, MICHAEL
Address: 819 S FEDERAL HWY STE 300
City-St-Zip: STUART, FL 34994Title: D () Delete
Name: JOHNSON, TERRY R
Address: 819 S FEDERAL HWY STE 300
City-St-Zip: STUART, FL 34994Title: ST () Delete
Name: MCELWEE, KELLY
Address: 819 S FEDERAL HWY STE 300
City-St-Zip: STUART, FL 34994Title: D (X) Delete
Name: JOHNSON, MARY B
Address: 819 S FEDERAL HIGHWAY SUITE 300
City-St-Zip: STUART, FL 34994**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: DALLAS, CRAIG
Address: 819 S FEDERAL HWY STE 300
City-St-Zip: STUART, FL 34994Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CRAIG DALLAS

PD

10/28/2005

Electronic Signature of Signing Officer or Director

Date