


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90391 022 ***150.00

DOCUMENT # P01000094062	
1. Entity Name INTEGRATED GLOBAL SOLUTIONS, INC.	

Principal Place of Business 2555 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134	Mailing Address 2555 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134
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40075200



2. Principal Place of Business 999 PONCE DE LEON BLVD	3. Mailing Address 999 PONCE DE LEON BLVD
Suite, Apt. #, etc. SUITE 1120	Suite, Apt. #, etc. SUITE 1120

04242006 Chg-P CR2E034 (11/05)

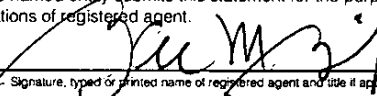
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134	Country U.S.A.

4. FEI Number 01-0698229	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOGUE, PATRICK 2511 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134	
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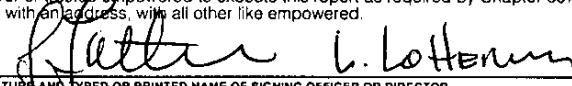
7. Name and Address of New Registered Agent Name BRUCE BOIKO % ADDORNO & YOSS Street Address (P.O. Box Number is Not Acceptable) 2525 PONCE DE LEON BLVD 4TH FLOOR City CORAL GABLES FL Zip Code 33134	
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8. The above named entity submits this statement 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 	BRUCE M. BOIKO 4/28/06 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTTERMAN, LAWRENCE 2555 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 PONCE DE LEON BLVD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	L. Lotterman 4/28/06 (305) 446-8002 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #