

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000094062

FILED
Oct 06, 2006
Secretary of State**Entity Name:** INTEGRATED GLOBAL SOLUTIONS, INC.**Current Principal Place of Business:**999 PONCE DE LEON BLVD
SUITE 1120
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**999 PONCE DE LEON BLVD
SUITE 1120
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 01-0698229**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRUCE BOIKO C/O ADORNO & YOSS
2525 PONCE DE LEON BLVD
4TH FLOOR
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**LOTTERMAN COMPANIES
999 PONCE DE LEON BLVD
1120
CORAL GABLES, FL 33134 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: L. LOTTERMAN

10/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: LOTTERMAN, LAWRENCE
Address: 999 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. LOTTERMAN

P

10/06/2006

Electronic Signature of Signing Officer or Director

Date