2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007
Secretary of State

DOCUMENT# P03000022597

Entity Name: INTEGRAL, INC.

Current Principal Place of Business:

2534 N MIAMI AVE
MIAMI, FL 33127

New Principal Place of Business:

6464 N W 5TH WAY
FT. LAUDERDALE, FL 33309

Current Mailing Address:

2534 N MIAMI AVE
MIAMI, FL 33127

New Mailing Address:

1332 SW 4TH CT
FT. LAUDERDALE, FL 33312

FEI Number: 56-2359696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: NURSE, C. MICHAEL
Address: 5101 COLLINS AVENUE
City-St-Zip: MIAMI, FL 33141

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: NURSE, C. MICHAEL
Address: 1332 SW 4TH CT
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: VP ( ) Change (X) Addition
Name: GABRIEL, THENNIS
Address: 6464 NW 5TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33312

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL M NURSE PRES 05/15/2007

Electronic Signature of Signing Officer or Director — Date