

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000022597

FILED
May 29, 2007
Secretary of State**Entity Name:** INTEGRAL, INC.**Current Principal Place of Business:**6464 N W 5TH WAY
FT. LAUDERDALE, FL 33309**New Principal Place of Business:****Current Mailing Address:**1332 SW 4TH CT
FT. LAUDERDALE, FL 33312**New Mailing Address:****FEI Number:** 56-2359696**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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**OFFICERS AND DIRECTORS:**

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

05/29/2007

Electronic Signature of Signing Officer or Director_____
Date