2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022597

Entity Name: INTEGRAL, INC.

FILED Mar 03, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6464 N W 5TH WAY

FT. LAUDERDALE, FL 33309

Current Mailing Address: 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 ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

City-St-Zip:

SIGNATURE: _____

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

FT. LAUDERDALE, FL 33309

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FT. LAUDERDALE, FL 33309

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 SHAW, HANNAH E
 Name:
 NURSE, CARL M

 Address:
 110 58 107 ST
 Address:
 6464 N W 5TH WAY

City-St-Zip: OZONE PARK, NY 11417 NY City-St-Zip: FT LAUDERDALE, FL 33309 NY

Title: CEO () Delete Title: () Change () Addition

 Name:
 NURSE, C. MICHAEL
 Name:

 Address:
 1332 SW 4TH CT
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33312
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 BRISCOE, YORATH
 Name:
 MALLAHAN, SHAWN

 Address:
 6464 NW 5TH WAY
 Address:
 6464 NW 5TH WAY

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 CEO 03/03/2008