## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 19, 2006 8:00 am Secretary of State

|  |   |                                       |                                |                                    | tary or b                           |                               |  |
|--|---|---------------------------------------|--------------------------------|------------------------------------|-------------------------------------|-------------------------------|--|
| DOCUMENT # P03000063995  1. Entity Name INTEGRITY MARKETING GROUP, INC.                              |   |                                       |                                |                                    | 006 90027 046 **                    | *150.00                       |  |
| Principal Place of Business 1532 ORANGE STREET CLEARWATER, FL 33756                                  | Mailing Address<br>1532 ORANGE STREET<br>CLEARWATER, FL 3375€ | 6                                     | 4000                           |                                    | 11/6: 11/10 12/01 1//02 10/10 12/10 | <b>1</b>                      |  |
| 2. Principal Place of Business   | 3. Mailing Address  |                                       |                                |                                    |                                     |                               |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |                                       | 04252006                       | Chg-P                              | CR2E034 (11/05                      | 5)                            |  |
| City & State   | City & State  |                                       | 4. FEI Numbe<br>58-2673        |                                    |                                     | Applied For<br>Not Applicable |  |
| Zip Country  | Zip   | Country                               |                                | of Status Desired                  | - Fee Requ                          |                               |  |
| 6. Name and Address of Curren  | nt Registered Agent   | Name                                  | 7. Name and                    | Address of New                     | Registered Agent                    |                               |  |
| SPIEGEL & UTRERA, P.A.   |   | Name                                  | Name                           |                                    |                                     |                               |  |
| 1840 SW 22ND ST.<br>4TH FLOOR  |   | Street Address (P                     |                                | P.O. Box Number is Not Acceptable) |                                     |                               |  |
| MIAMI, FL 33145  |   |                                       |                                |                                    |                                     |                               |  |
|  | •   | City                                  |                                |                                    | FL Zip C                            | ode                           |  |
| The above named entity submits this statement the obligations of registered agent.                   | for the purpose of changing its re                            | egistered office or regi              | istered agent, or bot          | h, in the State of I               | Florida. Tam familiar wi            | th, and accept                |  |
| SIGNATURE Signature, typed or printed name of registered age   | ont and tille if applicable. (NOTE: I                         | Registered Agent signature rec        | quired when reinstating)       |                                    | DATE                                |                               |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550                                   | 9. Election Campaig   | n Financing<br>oution:                | \$5.00 May Be<br>Added to Fees |                                    |                                     |                               |  |
| 10, OFFICERS AN  | D DIRECTORS   | 11.                                   | ADDITIONS/                     | CHANGES TO O                       | FFICERS AND DIRECTO                 | DRS IN 11                     |  |
| TITLE PSTD  NAME BURNS, DAVID A  STREET ADDRESS 1532 ORANGE STREET  CITY-SI-ZIP CLEARWATER, FL 33756 | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                | •                                  | ☐ Chang                             | e 🔲 Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                |                                    | ☐ Chang                             | e 🗌 Addition                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                |                                    | ☐ Chang                             | e 🔲 Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                |                                    | ☐ Chang                             | e 🗌 Addition                  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                |                                    | □ Chang                             | e 🔲 Addition                  |  |
| IffLE NAME STREET ADDRESS CITY-ST-ZIP  12.   hereby certify that the information supplied w          | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ained in Chapter 119           | . Florida Statutes                 | ☐ Chang                             |                               |  |

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 anofficer 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

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTO

5-15-06

Daytime Phone #

## ATTACHMENT COVER LETTER

40093305

#PO 300063995

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: Integrity Marketing Group, INC. (REOPOSED CORPORATE NAME MUST INCLUDE SUFFIX)      |  |  |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
|   | (RBOPOSED CÖRPÖRAT                         | TE NAMRY <u>MUST INCU</u>                          | <u>UDE SUFFIX</u> )   |  |  |  |  |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: |  |  |   |  |  |  |  |
| \$70.00 Filing Fee  | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED |  |  |  |  |
| FROM: David Burns President (TMG) Name (Printed or typed)  1532 Orange Street               |  |  |   |  |  |  |  |
| Clearwater FL 33756-3604<br>City, State & Zip   |  |  |   |  |  |  |  |
| Daytime Telephone number  |  |  |   |  |  |  |  |

NOTE: Please provide the original and one copy of the articles.