


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 02, 2007 8:00 am
Secretary of State

05-24-2007 90002 045 ***150.00

DOCUMENT # P03000091948 1. Entity Name INTEGRITY HOME LOANS, INC.	
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Principal Place of Business 4301 WICKHAM RD SUITE 8 MELBOURNE, FL 32935	Mailing Address 4301 WICKHAM RD SUITE 8 MELBOURNE, FL 32935
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66019983



05182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3771081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PIERCE, SUSAN 4301 WICKHAM RD SUITE 8 MELBOURNE, FL 32935

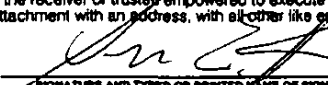
**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE 6/29/07

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCLUSKY, BETTY 590 INVERNESS AVE MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIERCE, SUSAN 1951 ADMIRALTY BLVD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 6/27/07 <small>Date Daytime Phone</small>