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May 02, 2007 8:00 am
Secretary of State

04-04-2007 90177 003 ****50.00
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40096988

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000139731

1. Entity Name
INTEGRITY WOOD WORK, CORP.

Principal Place of Business	Mailing Address
1118 OXBOW RD WIMAUMA, FL 33598	1118 OXBOW RD WIMAUMA, FL 33598

03142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8504 Adamo Dr	Same
Suite, Apt #, etc. Ste. 140	Suite, Apt. #, etc.
City & State Tampa FL	City & State
Zip 33619 Country USA	Zip Country

4. FEI Number 86-1089823 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALESTENA, ANTONIO
1118 OXBOW RD
WIMAUMA, FL 33598

7. Name and Address of New Registered Agent

Name Balestena, Antonio T.
Street Address (P.O. Box Number is Not Acceptable)
8504 Adamo Dr. Ste 140
City Tampa FL Zip Code 33619

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALESTERA, ANTONIO T 1118 OXBORO RD WIMAUMA, FL 33598	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Balestena, Antonio T. 8504 Adamo Dr. Ste. 140 Tampa Fl 33619. ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #