

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90025 046 ***563.75

DOCUMENT # P04000000186

1. Entity Name
INTEGRITY LIFE SOLUTIONS, INC.



Principal Place of Business
**1063 HILLSBORO MILE, SUITE 506
HILLSBORO BEACH, FL 33062**

Mailing Address
**1063 HILLSBORO MILE, SUITE 506
HILLSBORO BEACH, FL 33062**

54061603



2. Principal Place of Business *Suite*
1063 Hillsboro Mile 905

3. Mailing Address *Suite*
1063 Hillsboro Mile 905

Suite, Apt. #, etc.
Suite 905

Suite, Apt. #, etc.
Suite 905

City & State
Hillsboro Beach, FL

City & State
Hillsboro Beach, FL

Zip
33062

Country
USA

Zip
33062

Country
USA

07022004 Chg-P CR2E034 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLODIG, GREGORY J ESQ.
GREENSPOON, MARDER, HIRSCHFELD, RAFKIN
100 W. CYPRESS CREEK ROAD, SUITE 700
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GRANT, ROBERT**
STREET ADDRESS **1063 HILLSBORO MILE, SUITE 506**
CITY-ST-ZIP **HILLSBORO BEACH, FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

7/8/04 954.785-6971
Date Daytime Phone #