

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003580

FILED
Jan 12, 2005
Secretary of State

Entity Name: INTEGRAL INSURANCE GROUP, INC.

Current Principal Place of Business:

100 MADINSON AVE.
IMMOKALEE, FL 34142 US

New Principal Place of Business:

100 MADISON AVE E.
IMMOKALEE, FL 34142 US

Current Mailing Address:

50 W. 4TH STREET #13
HIALEAH, FL 33010

New Mailing Address:

P.O BOX 2495
IMMOKALEE, FL 34143 US

FEI Number: 77-0619556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, EDGARDO D
50 W. 4TH AVE. #13
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

LAMBERT, EDGARDO D
P.O BOX 2495
IMMOKALEE, FL 34143 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.

SIGNATURE: EDGARDO LAMBERT

01/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LAMBERT, EDGARDO D
Address: 504 LINCOLN COURT
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: LAMBERT, EDGARDO D
Address: P.O BOX 2495
City-St-Zip: IMMOKALEE, FL 34143 US

Title: S () Change (X) Addition
Name: HERNANDEZ, JULIO A
Address: P.O BOX 2495
City-St-Zip: IMMOKALEE, FL 34143 US

Title: T () Change (X) Addition
Name: LAMBERT, EDGARDO D
Address: P.O BOX 2495
City-St-Zip: IMMOKALEE, FL 34143 US

Title: VP () Change (X) Addition
Name: HERNANDEZ, JULIO A
Address: P.O BOX 2495
City-St-Zip: IMMOKALEE, FL 34143 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIO HERNANDEZ

VP

01/12/2005

Electronic Signature of Signing Officer or Director

Date