

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068237

FILED  
May 28, 2007  
Secretary of State

Entity Name: INTEGRITY INTERIORS OF FLORIDA, INC.

## Current Principal Place of Business:

7576 MEROLLA RD  
NORTH PORT, FL 34286

## New Principal Place of Business:

2517 HOBBLEBRUSH DR  
NORTH PORT, FL 34289

## Current Mailing Address:

7576 MEROLLA RD  
NORTH PORT, FL 34286

## New Mailing Address:

2517 HOBBLEBRUSH DR  
NORTH PORT, FL 34286

FEI Number: 20-1052960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRIBRAMSKY, STEVEN  
937 FLEMING ST  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: WATSON, MICHAEL  
Address: 7576 MEROLLA RD  
City-St-Zip: NORTH PORT, FL 34286

Title: VSD ( ) Delete  
Name: JENKINS, SHEILA S  
Address: 7576 MEROLLA RD  
City-St-Zip: NORTH PORT, FL 34286

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: WATSON, MICHAEL  
Address: 2517 HOBBLEBRUSH DR  
City-St-Zip: NORTH PORT, FL 34289

Title: VSD (X) Change ( ) Addition  
Name: WATSON, SHEILA S  
Address: 2517 HOBBLEBRUSH DR  
City-St-Zip: NORTH PORT, FL 34289

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL A WATSON

PDT

05/28/2007

Electronic Signature of Signing Officer or Director

Date