

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084946

Entity Name: INTEGRITY SOLUTIONS USA, INC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

15409 POND WOODS DR. WEST
TAMPA, FL 33618 US

New Principal Place of Business:

3422 CULLENDALE DR.
TAMPA, FL 33618 US

Current Mailing Address:

15409 POND WOODS DR. WEST
TAMPA, FL 33618 US

New Mailing Address:

3422 CULLENDALE DR.
TAMPA, FL 33618 US

FEI Number: 20-1179198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRIGAN, GLYNN M III
15409 POND WOODS DR. WEST
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

CARRIGAN, GLYNN M III
3422 CULLENDALE DR.
TAMPA, FL 33618 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:

05/01/2005

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: P () Delete
Name: CARRIGAN, GLYNN M III
Address: 15409 POND WOODS DR. WEST
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: CARRIGAN, GLYNN M
Address: 15409 POND WOODS DR. WEST
City-St-Zip: TAMPA, FL 33618

Title: SEC () Delete
Name: CARRIGAN, CAROL A
Address: 15409 POND WOODS DR. WEST
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARRIGAN, GLYNN M III
Address: 3422 CULLENDALE DR.
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change () Addition
Name: CARRIGAN, GLYNN M
Address: 3422 CULLENDALE DR.
City-St-Zip: TAMPA, FL 33618

Title: SEC (X) Change () Addition
Name: CARRIGAN, CAROL A
Address: 3422 CULLENDALE DR.
City-St-Zip: TAMPA, FL 33618

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: GLYNN M. CARRIGAN III

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date