2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102771

Entity Name: INTEGRITY PARTNERS, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2853 KINSI WESTON,	NGTON CIRC FL 33332	CLE US				
Current Mailing Address:			New Mailing Address:			
2853 KINSI WESTON,	NGTON CIRC FL 33332	CLE US				
FEI Number:	20-1350089	FEI Number Applied For () FEI N	lumber Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
BENNINGS 2853 KINSI WESTON,	NGTON CIRC	CLE US				
The above in the State		submits this statement for the purpose	of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
Election Carr	paign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () BENNINGS, JA 2853 KINSING WESTON, FL	FON CIRCLE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VS () BENNINGS, JA 2853 KINSING WESTON, FL	FON CIRCLE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () BENNINGS, BR 2853 KINSING WESTON, FL	FON	Title: Name: Address: City-St-Zip:	D (X) BENNINGS, BR 2101 SE 25TH I CAPE CORAL,	LANE	
Title: Name: Address: City-St-Zip:	D () BENNINGS, CH 2853 KINSING WESTON, FL	FON CIRCLE	Title: Name: Address: City-St-Zip:	()	Change () Addition	

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: JACK BENNINGS P 04/21/2009