


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90433 009 ***150.00

DOCUMENT # P04000136120					
1. Entity Name OFFICE INTEGRATIONS, INC.					
Principal Place of Business 10263 WHISPERING FOREST DRIVE STE # 220 JACKSONVILLE, FL 32257 US			Mailing Address 10263 WHISPERING FOREST DRIVE STE # 220 JACKSONVILLE, FL 32257 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		P.O. Box 56392			
City & State		JACKSONVILLE, FL			
Zip	Country	Zip	Country	03302006 Chg-P CR2E034 (11/05)	
32257	USA	32257	FLA	4. FEI Number 20-1696454	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILLS, MARK G 10263 WHISPERING FOREST DRIVE STE #220 JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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: <u>Mark G Mills</u> DATE: <u>04/18/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P, T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, MARK G	NAME			
STREET ADDRESS	10263 WHISPERING FOREST DRIVE, STE #220	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Mark G Mills</u> DATE: <u>04/18/2006</u> DAYTIME PHONE #: <u>904 415 9237</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					