## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000005374

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BAYONNE, NJ 07002

LICHTMAN, SHERRY

30 WEST 35 STREET

BAYONNE, NJ 07002

() Delete

FILED Mar 20, 2006 Secretary of State

Entity Nar	ne: INTEG	RITY HOME DEVELOPMME	ENT, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
340 15TH S NAPLES, F	STREET NV FL 34120	V					
Current Mailing Address:				New Mailing Address:			
340 15TH S NAPLES, F	STREET NV FL 34120	V					
FEI Number:	68-0598537	FEI Number Applied For (	) FEI Nur	nber Not Appli	icable ( )	Certificate of Status I	Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
TODD, KIN 340 15TH S NAPLES, F	STREET NV	V US					
	named entite of Florida.	ty submits this statement for	the purpose o	of changing it	ts registere	d office or registered a	gent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financ	cing Trust Fund Contribution ( ).	i				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D TODD, STEV 340 15TH ST NAPLES, FL	FREET NW		Title: Name: Address: City-St-Zip:	T TODD, STE 340 15TH S' NAPLES, FL	TREET NW	
Title: Name: Address: City-St-Zip:	D TODD, KIME 340 15TH ST NAPLES, FL	FREET NW		Title: Name: Address: City-St-Zip:	P TODD, KIME 340 15TH S' NAPLES, FL	TREET NW	
Title: Name: Address:	D LOMNICKY, 30 WEST 35			Title: Name: Address:	V LOMNICKY, 30 WEST 3		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BAYONNE, NJ 07002

LICHTMAN, SHERRY

BAYONNE, NJ 07002

214 AVENUE A

(X) Change ( ) Addition

SIGNATURE: ELEANOR LOMNICKY ٧ 03/20/2006