2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2007
Secretary of State

DOCUMENT# P05000005374

Entity Name: INTEGRITY HOME DEVELOPMMENT, INC.

Current Principal Place of Business:

340 15TH STREET NW
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

340 15TH STREET NW
NAPLES, FL 34120

New Mailing Address:

FEI Number: 68-0598537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TODD, KIMBERLY
340 15TH STREET NW
NAPLES, FL 34120 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: TODD, STEVEN
Address: 340 15TH STREET NW
City-St-Zip: NAPLES, FL 34120

Title: P ( ) Delete
Name: TODD, KIMBERLY
Address: 340 15TH STREET NW
City-St-Zip: NAPLES, FL 34120

Title: V ( ) Delete
Name: LOMNICKY, ELEANOR
Address: 30 WEST 35 STREET
City-St-Zip: BAYONNE, NJ 07002

Title: S ( ) Delete
Name: LICHTMAN, SHERRY
Address: 214 AVENUE A
City-St-Zip: BAYONNE, NJ 07002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: KIMBERLY TODD P 04/01/2007

Electronic Signature of Signing Officer or Director — Date