2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 22, 2007
Secretary of State

DOCUMENT# P05000098721

Entity Name: INTEGRITY APPRAISALS, INC.

Current Principal Place of Business:

1535 STATE ROAD 207
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

1535 STATE ROAD 207
306
ST. AUGUSTINE, FL 32086

Current Mailing Address:

1535 STATE ROAD 207
ST. AUGUSTINE, FL 32086

New Mailing Address:

1535 STATE ROAD 207
306
ST. AUGUSTINE, FL 32086

FEI Number: 20-3071164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HISOIRE, ROBERT L
937 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL 32043 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLEMENTS, BRUCE R
Address: 402 ANDREAS STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: SEC ( ) Delete
Name: CLEMENTS, COLLEEN
Address: 402 ANDREAS STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: TREA ( ) Delete
Name: CLEMENTS, COLLEEN
Address: 402 ANDREAS STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CLEMENTS, COLLEEN
Address: 402 ANDREAS STREET
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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 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: COLLEEN CLEMENTS P 08/22/2007

Electronic Signature of Signing Officer or Director — Date