

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140922

FILED
Feb 24, 2009
Secretary of State

Entity Name: INTEGRITY STRUCTURAL DEVELOPMENT, INC.

Current Principal Place of Business:

7665 DAVIE ROAD EXTENSION
SUITE 103
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

7665 DAVIE ROAD EXTENSION
SUITE 103
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 20-3919586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, HOLLY A
7665 DAVIE ROAD EXRENSION
SUITE 103
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

BYRD, HOLLY A P
7665 DAVIE ROAD EXRENSION
SUITE 103
HOLLYWOOD, FL 33024 US

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: HOLLY BYRD

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYRD, HOLLY A P
Address: 7665 DAVIE ROAD EXTENSION SUITE 103
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: VP () Delete
Name: BYRD, KELLY M VP
Address: 7665 DAVIE ROAD EXTENSION SUITE 103
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: VP () Delete
Name: BYRD III, FLOYD W VP
Address: 7665 DAVIE ROAD EXTENSION - SUITE 103
City-St-Zip: HOLLYWOOD, FL 33024 US

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:

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: HOLLY BYRD

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date