
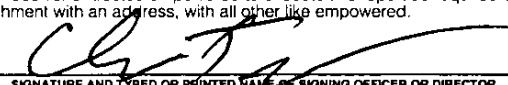


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90013 045 ***150.00

DOCUMENT # P06000040296 1. Entity Name INTEGRITY PROPERTY MAINTENANCE, INC.			
Principal Place of Business 170B SPRINGWOOD CIRCLE LONGWOOD, FL 32750 US		Mailing Address 170B SPRINGWOOD CIRCLE LONGWOOD, FL 32750 US	
2. Principal Place of Business - No P.O. Box # 514 Arbor Lake Circle		3. Mailing Address P.O. Box 162671	
Suite, Apt. #, etc. Sanford, FL		Suite, Apt. #, etc. 	
City & State Sanford, FL		City & State Altamonte Springs, FL	
Zip 32771		Zip 32716-2671	
Country US		Country US	
4. FEI Number 20-4527353		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FABRIZIO, CHRISTOPHER R 170B SPRINGWOOD CIRCLE LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name Christopher R Fabrizio Street Address (P.O. Box Number is Not Acceptable) 514 Arbor Lake Circle City Sanford FL Zip Code 32771	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FABRIZIO, CHRISTOPHER R 170B SPRINGWOOD CIRCLE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	514 Arbor Lake Circle Sanford, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		MAY 24, 2007 407-342-8920 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			