2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030819

Entity Name: INTEGRITY LOAN SERVICES INC.

FILED Feb 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8720 CHADWICK DRIVE TAMPA, FL 33635 **Current Mailing Address: New Mailing Address:** 8720 CHADWICK DRIVE TAMPA, FL 33635 FEI Number: 20-8609569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE CREATIONS NETWORK, INC. CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 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: YULIA OGURCHIKOVA, ASST. SECRETARY 02/12/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition OLIVERA, CHRISTINA Name: Name: 8720 CHADWICK DRIVE Address: Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: () Delete Title: Title: () Change (X) Addition Name: Name: CHARBONIER, LUIS 8720 CHADWICK DRIVE Address: Address: TAMPA, FL 33635 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition CHARBONIER, LUIS Name: Name: 8720 CHADWICK DRIVE Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33635 Title: () Delete Title: () Change (X) Addition OLIVERA, CHRISTINA Name: Name: Address: Address: 8720 CHADWICK DRIVE City-St-Zip: City-St-Zip: TAMPA, FL 33635 Title: Title: () Change (X) Addition () Delete OLIVERA, CHRISTINA Name: Name: Address: Address: 8720 CHADWICK DRIVE City-St-Zip: City-St-Zip: TAMPA, FL 33635 Title: () Delete Title: () Change (X) Addition Name: Name: OLIVERA, ALEX 8720 CHADWICK DRIVE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33635

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: BY Y. OGURCHIKOVA AS ATTORNEY-IN-FACT D 02/12/2008