## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000079919

Entity Name: INTEGRATED RESORTS, INC.

FILED Apr 21, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
	KES PARKWAY			101 PALM HARBOR PARKWAY		
4 PALM COAST, FL 32137			PALM CC	AST, FL 3213	37	
Current Mailing Address:			New Mail	New Mailing Address:		
2 PINELAKES PARKWAY			P O BOX	P.O. BOX 2629		
PALM COAST, FL 32137				BUNNELL, FL 32110		
FEI Number	: 26-0522950	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
MISTIE, MARK 141 LONDON DRIVE PALM COAST, FL 32137 US			70 BROC	ALEXANDERSON, JOHN 70 BROCKTON LANE PALM COAST, FL 32137 US		
	named entity s e of Florida.	ubmits this statement for the pu	irpose of changing	its registered	office or registered agent, or both,	
SIGNATU	RE: JOHN ALE	EXANDERSON		04/21/2008		
Electronic Signature of Registered Agent			nt		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICER	S AND DIRECT	ORS:	ADDITIO	NS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () MISTIE, MARK 141 LONDON DI PALM COAST, F		Title: Name: Address: City-St-Zip:	MISTIE, MARK 141 LONDON	DRIVE	
Title: Name: Address: City-St-Zip:	VP () SPITZER, GARR 16 WASSERMAI PALM COAST, F	N DRIVE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () ROTUNNA, KIME 24 UNIONDALE PALM COAST, F	PLACE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () ALEXANDERSO 70 BROCKTON PALM COAST, F	ÂNE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SAVAGE, CRAIG 47 FREEMONT PALM COAST. F	TURN	Title: Name: Address: City-St-Zin:	(	) Change ( ) Addition	

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: KIM ROTUNNO S 04/21/2008