


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90109 045 ***150.00

DOCUMENT # P07000085125					
1. Entity Name INTEGRITY MAINTENANCE RESOURCES, INC.					
Principal Place of Business 173 NE 12TH AVE HOMESTEAD, FL 33030			Mailing Address 173 NE 12TH AVE HOMESTEAD, FL 33030		
2. Principal Place of Business - No P.O. Box # 681 SE 2 ND STREET		3. Mailing Address 681 SE 2 ND STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL		4. FEI Number 38-3781013	
Zip 33030 Country USA		Zip 33030 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDSTEIN, DANIEL A ESQ 9155 S. DADELAND BLVD STE 1012 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DPT WILLIAMS, CLIFFORD 173 NE 12TH AVE HOMESTEAD, FL 33030		TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT WILLIAMS, CLIFFORD 681 SE 2 ND STREET HOMESTEAD, FL 33030	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: CLIFFORD WILLIAMS <i>Clifford Williams</i> 4/21/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 786-239-3773 Date Daytime Phone #					