

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000115507

FILED
Apr 17, 2009
Secretary of State

Entity Name: INTEGRITY DATA SOURCE, INC.

Current Principal Place of Business:

14004 ROOSEVELT BLVD.
SUITE 606
CLEARWATER, FL 33762 US

Current Mailing Address:

14004 ROOSEVELT BLVD.
SUITE 606
CLEARWATER, FL 33762 US

New Principal Place of Business:

2606 WEST GRAND RESERVE CIRCLE
SUITE 139
CLEARWATER, FL 33759 US

New Mailing Address:

BOX 616681
ORLANDO, FL 32861 US

FEI Number: 45-0579121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

P R MATTHEWS II
6128 RALEIGH ST.
SUITE 1103
ORLANDO, FL 32861 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: P R MATTHEWS II

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MATTHEWS, SCOTT
Address: 3145 SHORELINE DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: V () Delete
Name: MATTHEWS, SCOTT
Address: 3145 SHORELINE DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: S (X) Delete
Name: MATTHEWS, SCOTT
Address: 3145 SHORELINE DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: T (X) Delete
Name: MATTHEWS, SCOTT
Address: 3145 SHORELINE DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: D (X) Delete
Name: MATTHEWS, SCOTT
Address: 3145 SHORELINE DRIVE
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATTHEWS, SCOTT
Address: 209 W 2ND AVE
City-St-Zip: WINSERMERE, FL 34786

Title: S/T (X) Change () Addition
Name: MATTHEWS, P R II
Address: BOX 616681
City-St-Zip: ORLANDO, FL 32761

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: P R MATTHEWS II

S/T

04/17/2009

Electronic Signature of Signing Officer or Director

Date