## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000117905

Entity Name: INTEGRITY GENERAL CONTRACTING CORPORATION

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

525 S. FLAGLER DR., STE. 200 2377 SIMONSON DRIVE TRUMP PLAZA OFFICE CENTER WELLINGTON, FL 33414 WEST PALM BEACH. FL 33401

Current Mailing Address: New Mailing Address:

525 S. FLAGLER DR., STE. 200 2377 SIMONSON DRIVE TRUMP PLAZA OFFICE CENTER WELLINGTON, FL 33414 WEST PALM BEACH, FL 33401

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZELLER, RONALD J.

525 S. FLAGLER DR., STE. 200

TRUMP PLAZA OFFICE CENTER

WEST PALM BEACH, FL 33401 US

ZELLER, RONALD J ESQ.

525 S. FLAGLER DR., STE. 200

TRUMP PLAZA OFFICE CENTER

WEST PALM BEACH, FL 33401 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: RONALD J. ZELLER, ESQ. 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: VASQUEZ, LUCIO

Address: 1547 N. FLORIDA MANGO, UNIT 14-1 City-St-Zip: WEST PALM BEACH, FL 33409

Title: ( ) Delete

Name: Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition

Name: POLICARD, JEAN M Address: 2377 SIMONSON DRIVE City-St-Zip: WELLINGTON, FL 33414

Title: STD ( ) Change (X) Addition

Name: POLICARD, MARGARETH Address: 2377 SIMONSON DRIVE City-St-Zip: WELLINGTON, FL 33414

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: JEAN M. POLICARD PD 04/30/2008