

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000002217

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** INTEGRAL FINANCIAL & INSURANCE SOLUTIONS, INC

**Current Principal Place of Business:**

1000 CORPORATE DRIVE  
SUITE 700  
FORT LAUDERDALE, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

6190 WOODLANDS BLVD  
SUITE 508  
TAMARAC, FL 33319 US

**New Mailing Address:**

**FEI Number:** 26-4019013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLEARE, NIKOLE  
6190 WOODLANDS BLVD  
SUITE 508  
TAMARAC, FL 33319 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLEARE, NIKOLE  
Address: 6190 WOODLANDS BLVD, SUITE 508  
City-St-Zip: TAMARAC, FL 33319 US

I hereby 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 all other like empowered.

SIGNATURE: NIKOLE CLEARE

P

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date