2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P28459

1. Entity Name
INTEGRITY INTERNATIONAL SECURITY SERVICES, INC.

Principal Place of Business	Mailing Address
211 UNIVERSITY AVENUE P. O. BOX 274 CLARKSVILLE, TN 37041-0274 US	211 UNIVERSITY AVENUE P. O. BOX 274 CLARKSVILLE, TN 37041-0274 US

DO NOT WRITE IN THIS SPACE

03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
62-1016615
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FALARDEAU, RICHARD
11 SPRINGER COURT
ORMOND BEACH, FL 32174

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIVERA, RIGOBERTO O.
STREET ADDRESS	612 WEATHERBY DR.
CITY-ST-ZIP	CLARKSVILLE, TN
TITLE	ST
NAME	CHAMBERS, JASMINE RIVERA
STREET ADDRESS	2845 WIMBLEDON COURT
CITY-ST-ZIP	CLARKSVILLE, TN 37043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80016-015 150.00

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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: Jasmin Rivera Chambers Jasmin Rivera-Chambers 13 April 06 931-647-5384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #