


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90040 042 ***150.00

DOCUMENT # P28459 1. Entity Name INTEGRITY INTERNATIONAL SECURITY SERVICES, INC.	
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Principal Place of Business 211 UNIVERSITY AVENUE P. O. BOX 274 CLARKSVILLE, TN 37041-0274 US	Mailing Address 211 UNIVERSITY AVENUE P. O. BOX 274 CLARKSVILLE, TN 37041-0274 US
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DO NOT WRITE IN THIS SPACE

40000400



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1016615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALARDEAU, RICHARD
11 SPRINGER COURT
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERA, RIGOBERTO O. 812 WEATHERBY DR. CLARKSVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAMBERS, JASMINE RIVERA 2845 WIMBLEDON COURT CLARKSVILLE, TN 37043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **PRESIDENT** **2/25/2008 (931) 647-5384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #