2006 FOR PROFIT CORPORATION Amended Annual Report

DOCUMENT # P9600000717 1. Entity Name INTEGRAL BUILDERS, INC.						7 TOO 60	_ E (9 Pl4		
Principal Place of Business 6740 NW 45TH COURT LAUDERHILL, FL 33319 US		Mailing Address 6740 NW 45TH COURT LAUDERHILL, FL 33319 US			LECKETARY OF STATE LILLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10132006	REIN-P	CR2E098	3 (11/05)	
City & State		City & State		4. FEI Number 65-0635723			Applied For Not Applicable		
	Country	Zip	Coun	try		of Status Desired	□ f	8.75 Addi ee Required	
DONNAHUE, PRINCE A IV ESQ 1200 S PINE ISLAND RD STE 470 PLANTATION, FL 33324				Street Address (1333 S City Plant	7. Name and Address of New Registered Agent ICE A Donn hu Tu , E.S., IS (P.O. Box Number is Not Acceptable) S. University Drive #210 + c + ion FL Zip Code 33224 tered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE C. Donnhus Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								F.S., the otice.	
1	OFFICERS AND DIR JOSEPH 5TH COURT LL, FL 33319	ECTORS Delete			ADDITIONS/	CHANGES TO OFFI		DIRECTORS ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete			71	000810		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			1997 1	aroo utoso	910	[∏TChange]	" Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•					☐ Change	☐ Addition
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: SIGNATURE AND TUBED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #									