2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P98000030853 01-30-2008 90030 049 ***150.00 INTEGRITY MANAGEMENT SOLUTIONS, INC. Principal Place of Business Mailing Address **403 CATFISH CREEK ROAD 403 CATFISH CREEK ROAD** LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3505181 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLAIRE, SALLY S Street Address (P.O. Box Number is Not Acceptable) 403 CATFISH CREEK ROAD LAKE PLACID, FL 33852 City Zip Code 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, typest or printed name of registered agent and title if applicable. (NKXTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change TITLE TITLE CLAIRE, EARL J 403 CATFISH CREEK RD CLAIRE, EARL J NAME 9120 MULLINEAUX LN STREET ADDRESS STREET ADDRESS ELLICOTT CITY MD 21042 CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID, FL VSD VSD Delete TITLE CLAIRE, CLAIRE, SALLY S NAME NAME CREEK RO STREET ADDRESS 3120 MULLINEAX LN STREET ADDRESS CITY-ST-ZIP ELLICOTT GITY, MD. 21042 CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby 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 charged, or on an attachment with an alloress, with all write-like empowered. SIGNATURE:

FILED

Jan 30, 2008 8:00 am