2004 FOR PROFIT CORPORATION

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Jan 30, 2004 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # P98000096498 1. Entity Name 01-30-2004 90059 039 ***150.00 INTEGRA FINANCIAL 2000, INC. Principal Place of Business Mailing Address PO BOX 1169 STUART FL 34995-1169 2528-SW-MARQUIS-TERR STUART FL 34997 2. Principal Place of Business 3. Mailing Address 2518 SE WILLOUGHBY BUD Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State Applied For 4. FEI Number 91-1938964 Not Applicable 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 CHRISTOPHER, JOSEPHINE A Street Address (P.O. Box Number is Not Acceptable) 2528 SW MARQUIS TER STUART FL 34997 KLVD. SE WILLOUGHBY 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 addressionly the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE ☐ Addition CHRISTOPHER, JOSEPHINE A NAME NAME STREET ADDRESS 2528 SW MARQUIS TERRACE STREET ADDRESS STUART FL 34997 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7I8 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

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