

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103168

FILED  
Apr 19, 2005  
Secretary of State

Entity Name: FIRST INTEGRITY INSURANCE, INC.

## Current Principal Place of Business:

10045 BELVADERE RD  
STE 6  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

10045 BELVADERE RD  
STE 6  
WEST PALM BEACH, FL 33411

## New Mailing Address:

FEI Number: 65-0966814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARKER, LEX L II  
2860 CESSNA WAY  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

BARKER, LEX L II  
4480 PORTOFINO WAY  
303  
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE: LEX L BARKER II

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BARKER, LEX L II  
Address: 2860 CESSNA WAY  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BARKER, LEX L II  
Address: 4480 PORTOFINO WAY #303  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEX L BARKER II

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date