

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103168

FILED
Jul 09, 2008
Secretary of State

Entity Name: FIRST INTEGRITY INSURANCE, INC.

Current Principal Place of Business:

2775 VISTA PARKWAY NORTH
STE G5
WEST PALM BEACH, FL 33411

Current Mailing Address:

2775 VISTA PARKWAY NORTH
STE G5
WEST PALM BEACH, FL 33411

New Principal Place of Business:

2775 VISTA PARKWAY
SUITE G-5
WEST PALM BEACH, FL 33411

New Mailing Address:

2775 VISTA PARKWAY
SUITE G-5
WEST PALM BEACH, FL 33411

FEI Number: 65-0966814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARKER, LEX L II
200 CRESTWOOD CT. N.
215
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARKER, LEX L II
Address: 200 CRESTWOOD CT. N. #215
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PRES

07/09/2008

Electronic Signature of Signing Officer or Director

Date