## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P99000103393

FILED Nov 13, 2007 Secretary of State

Entity Name: INTEGRITY EMPLOYEE LEASING, INC.							
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:			
3622 TAM PORT CH.	IAMI TRL ARLOTTE, FL	33952					
Current M	lailing Addre	ss:	New Mailing Address:				
3622 TAM PORT CH.	IAMI TRL ARLOTTE, FL	33952					
FEI Number: 59-3611544 FEI Number Applied For ( )			FEI Number Not Applicable ( ) Certificate of Status Desired ( )			te of Status Desired()	
Name and	Address of (	Current Registered Agent:	Name and	Address of	New Reg	istered Agent:	
	THOMAS J IAMI TRAIL ARLOTTE, FL	33952 US					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or r	egistered agent, or both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	NATOLI, THOM 2145 HYATT D		Title: Name: Address: City-St-Zip:	PD (X NATOLI, THOM 2145 HYATT D PORT CHARL	AS J PRIVE	( ) Addition 33948	
Title: Name: Address: City-St-Zip:	NATOLI, THOM 2145 HYATT D		Title: Name: Address: City-St-Zip:	VPD () BOOKWALTE 5659 SURPRI NORTH PORT	R, BRENTN SE ROAD		
Title: Name: Address: City-St-Zip:	CAMPBELL, Jo 21239 DAVISO		Title: Name: Address: City-St-Zip:	(	) Change(	( ) Addition	
Title: Name: Address: City-St-Zip:	S (X GARCIA, KERI 3740 GIBLIN E NORTH PORT,	RIVE	Title: Name: Address: City-St-Zip:	(	) Change(	( ) Addition	
Title: Name: Address:	VPD (X BOOKWALTER 5659 SURPRIS		Title: Name: Address:	(	) Change(	( ) Addition	

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.

City-St-Zip:

SIGNATURE: THOMAS NATOLI PD 11/13/2007

City-St-Zip: NORTH PORT, FL 34288