

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000398

FILED
Apr 12, 2004
Secretary of State

Entity Name: COMPASS POINT VENTURES, INC.

Current Principal Place of Business:

14923 BRUCE B. DAVIS BLVD.
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

14923 BRUCE B. DAVIS BLVD.
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-3615809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGBEE, R. ALAN
FOWLER, WHITE, GILLEN, BOGG, P.A.
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHRISLIP, TIMOTHY
Address: 17891 SAILFISH DR
City-St-Zip: LUTZ, FL 33558

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHRISLIP, TIMOTHY
Address: 14150 FENNSBURY DR
City-St-Zip: TAMPA, FL 33624

Title: O () Change (X) Addition
Name: CHRISLIP, SANDRA
Address: 14150 FENNSBURY DR
City-St-Zip: TAMPA, FL 33624

Title: O () Change (X) Addition
Name: HOLMES, TINA
Address: 24245 PAINTER DR
City-St-Zip: LAND O' LAKES, FL 34639

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: TIMOTHY CHRISLIP

D

04/12/2004

Electronic Signature of Signing Officer or Director

Date