

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90131 004 ***150.00

DOCUMENT # P01000096113

1. Entity Name
 COMPASS INTERNATIONAL, INC.



Principal Place of Business
 2971 BONAVENTURE CIRCLE
 SUITE 202
 PALM HARBOR, FL 34684

Mailing Address
 2971 BONAVENTURE CIRCLE
 SUITE 202
 PALM HARBOR, FL 34684

2. Principal Place of Business
 13804 Plumosa Ave
 Suite, Apt. #, etc.

3. Mailing Address
 13804 Plumosa Ave
 Suite, Apt. #, etc.

City & State
 Hudson, FL

City & State
 Hudson, FL

Zip
 34667

Country
 PASCO



03022005 Chg-P CR2E034 (10/03)

4. FEI Number
 59-3756956

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GREENE, ELLIOT
 3405 NW 9TH AVENUE #1201
 FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLON, MAURICE 2971 BONAVENTURE CIRCLE PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13804 Plumosa Ave Hudson, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anderson **3-29-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #