2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 10, 2007 08:00 AM **DOCUMENT # P02000109345** Secretary of State 1. Entity Name COMPASS MEDICAL, INC. Principal Place of Business Mailing Address 1929 14TH AVENUE 1929 14TH AVENUE VERO BEACH, FL 32960 VERO BEACH, FL 32960 CR2E034 (11/05) 01082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0751356 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WELTER, NANCY V DO NOT WRITE 1950 COMPASS COVE VERO BEACH, FL 32963 IN THIS SPACE 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. Signature, typed or context name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. WELTER, NANCY V NAME STREET ADDRESS 1950 COMPASS COVE CITY-ST-ZIP VERO BEACH, FL 32963 TITLE U00000581284 01/10/07-80081-014 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP