

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000003202

Entity Name: COMPRIVE LIMITED INC.

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

3511 WEDGEWOOD LANE  
PNB 143  
THE VILLAGES, FL 32162

## **New Principal Place of Business:**

11962 CR 101  
SUITE 302-143  
THE VILLAGES, FL 32162

## **Current Mailing Address:**

PO BOX 475  
SUMMERFIELD, FL 34492

## **New Mailing Address:**

FEI Number: 52-2313773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

DOMBKOWSKI, ROBERT J  
3511 WEDGEWOOD LANE  
PNB 143  
THE VILLAGES, FL 32162 US

## **Name and Address of New Registered Agent:**

DOMBKOWSKI, ROBERT J  
11962 CR 101  
SUITE 302-143  
THE VILLAGES, FL 32162 US

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: ROBERT J. DOMBKOWSKI

01/03/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: MR.  
Name: DOMBKOWSKI, ROBERT J  
Address: PO BOX 475  
City-St-Zip: SUMERFIELD, FL 34492

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J. DOMBKOWSKI

MR.

01/03/2012

Electronic Signature of Signing Officer or Director

Date