## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000006994

Entity Name: COMPASS TECHNOLOGY SERVICES, INC.

FILED Jul 02, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5449 BELLS FERRY RD. ACWORTH, GA 30102				5449 BELLS FERRY ROAD ACWORTH, GA 30102			
Current Mailing Address:				New Mailing Address:			
5449 BELLS FERRY RD. ACWORTH, GA 30102				5449 BELLS FERRY ROAD ACWORTH, GA 30102			
FEI Number: 03-0530658 FEI Number Applied For ( ) FEI Nu				mber Not Applicable ( ) Certificate of Status Desired (X)			
Name and	Address of C	urrent Registered Agent:	Na	ame and A	Address of N	lew Registered Agent:	
1200 S. PII PLANTATI The above	e of Florida.	US	ırpose of ch	hanging its	s registered o	office or registered agent, or both,	
01014/1101		c Signature of Registered Ager	nt			 Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEO () MASSEY, FRAN 5449 BELLS FE ACWORTH, GA		Ad	ıme: ldress:	CEO (X MASSEY, FRAI 5449 BELLS FI ACWORTH, GA	ERRY ROAD	
Title: Name: Address: City-St-Zip:	VCP () PRATHER, PAUL 5449 BELLS FE ACWORTH, GA	RRY RD.	Na Ad	le: ıme: ldress: ty-St-Zip:	PRES (X PRATHER, PAU 5449 BELLS FI ACWORTH, GA	ERRY ROAD	
Title: Name: Address: City-St-Zip:	V () MASSEY, JC 5449 BELLS FE ACWORTH, GA		Na Ad	ldress:	VP (X MASSEY, J. C 5449 BELLS FI ACWORTH, GA		
Title: Name: Address: City-St-Zip:	S () PRATHER, W. M 5449 BELLS FE ACWORTH, GA	RRY RD.	Ad	le: ime: ldress: ty-St-Zip:	SEC (X PRATHER, W. I 5449 BELLS FI ACWORTH, GA	ERRY ROAD	
Title: Name: Address: City-St-Zip:	TCFO () DENSMORE, SA 5449 BELLS FE ACWORTH, GA	RRY RD.	Na Ad	le: ıme: ldress: ty-St-Zip:	TCFO (X DENSMORE, S 5449 BELLS FI ACWORTH, GA	ERRY ROAD	
Title: Name: Address: City-St-Zip:	( )	Delete	Ad	le: ıme: ldress: ty-St-Zip:	VP ( ) EGGERS, GEO 5449 BELLS FI ACWORTH, GA	ERRY ROAD	

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.

SIGNATURE: SANDRA L. DENSMORE TCFO 07/02/2007