2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 08:00 AM Secretary of State **DOCUMENT # J54255** 1. Entity Name COMPASS PRODUCTS CORPORATION Principal Place of Business Mailing Address 7080 BERGAMO WAY 7080 BERGAMO WAY APT 101 APT 101 FT MYERS, FL 33912 FT MYERS, FL 33912 No Chg-P CR2E034 (11/05) 02162006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0005571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LAX, MILTON J DO NOT WRITE 7080 BERGAMO WAY **APT 101** IN THIS SPACE FORT MYERS, FL 33912 5. 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. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LAX, MILTON J U000000515393 7080 BERGAMO WAY #101 STREET ADDRESS 04/29/06-80205-013 150.00 CITY-ST-ZIP FORT MYERS, FL 33912 LAX. JOSEPHINE NAME STREET ADDRESS 7080 BERGAMO WAY #101 FORT MYERS, FL 33912 CITY-ST-21P

DO NOT WRITE IN THIS SPACE

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12. I hereby certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP 7771 5 NAME STREET ACCRESS CATY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

FICER OR DIRECTOR