
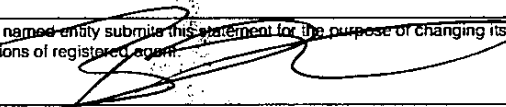
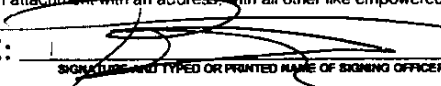


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90081 020 \*\*\*150.00

<b>DOCUMENT # K35423</b> 1. Entity Name <b>COMPTON ENTERPRISES, INC.</b>			
Principal Place of Business <b>1130 E. DONEGAN AVENUE STE. 4 KISSIMMEE, FL 34744 US</b>		Mailing Address <b>1130 E. DONEGAN AVENUE STE. 4 KISSIMMEE, FL 34744 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1112 E Donegan Ave.</b>		3. Mailing Address <b>1112 E. Donegan Ave.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Kissimmee FL</b>		City & State <b>Kissimmee FL</b>	
Zip <b>34744</b>		Zip <b>34744</b>	
Country 		Country 	
4. FEI Number <b>59-2919148</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COMPTON, BARRY 1130 E. DONEGAN AVE SUITE 4 KISSIMMEE, FL 34744</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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: <b>4/30/07</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPTON, BARRY 1688 TAYLOR RIDGE LOOP KISSIMMEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPTON, PENNY 1688 TAYLOR RIDGE LOOP KISSIMMEE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing 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: 		DATE: <b>4/30/07</b> DAYTIME PHONE #: <b>407-933-2554</b>	