2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012588

Entity Name: COMPASS CONSULTING SERVICES, LLC

FILED Jul 06, 2006 Secretary of State

| Current Princip | al Place of Business: | New Princip | al Place of Business |
|-----------------|-----------------------|-------------|----------------------|
| | | | |

11215 N. NEBRASKA AVENUE 8019 N. HIMES AVE

SUITE B-8 SUITE 401

TAMPA, FL 33612 TAMPA, FL 33614

Current Mailing Address: New Mailing Address:

11215 N. NEBRASKA AVENUE 8019 N. HIMES AVE SUITE B-8 SUITE 401

TAMPA, FL 33612 TAMPA, FL 33614

FEI Number: 59-3677516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HINES, JAMES P 315 SOUTH HYDE PARK AVENUE HINES NORMAN & ASSOCIATES, P.L. TAMPA, FL 33606 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FALK, LEE R
 Name:

 Address:
 12033 GANDY BLVD. #161
 Address:

 City-St-Zip:
 ST. PETE, FL 33702
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LEE R. FALK MGRM 07/06/2006