


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90002 040 ****70.00

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|---|---|
| DOCUMENT # N00000001595 |  |
| 1. Entity Name COMPASSION CONNECTION INT'L INC. | |

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| Principal Place of Business 2889 W BROWARD BLVD FORT LAUDERDALE FL 33311 | Mailing Address 4021 N.E. 2ND TERRACE POMPANO BEACH FL 33064 |
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| | |
|--|---------------------|
| 2. Principal Place of Business 2889 W Broward Blvd | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

2nd MOORE CR2E037 (5/05)

| | |
|--|---------------------------|
| City & State Fort Lauderdale Fl. | City & State |
| Zip 33311 | Country Broward |

| | |
|------------------------------------|--|
| 4. FEI Number 65-0997642 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent ALLEN, DESRENE A 4021 N.E. 2ND TERRACE POMPANO BEACH FL 33064 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. PD OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|------|-----------------------|--|----------------|--------------------------|--|-------------|----|--|--|-------|------------------------|---|------|-----------------|--|----------------|----------------------|--|-------------|--|--|
| <table border="1"> <tr> <td>TITLE</td> <td>ALLEN, DESRENE A</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>4021 N.E. 2ND TERRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>POMPANO BEACH FL 33064</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VP</td> <td></td> </tr> </table> | TITLE | ALLEN, DESRENE A | <input type="checkbox"/> Delete | NAME | 4021 N.E. 2ND TERRACE | | STREET ADDRESS | POMPANO BEACH FL 33064 | | CITY-ST-ZIP | VP | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| NAME | 4021 N.E. 2ND TERRACE | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | POMPANO BEACH FL 33064 | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | VP | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>WHITE, TAMAR</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>6201 NW 18TH PLACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FORT LAUDERDALE FL 33313</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>S</td> <td></td> </tr> </table> | TITLE | WHITE, TAMAR | <input checked="" type="checkbox"/> Delete | NAME | 6201 NW 18TH PLACE | | STREET ADDRESS | FORT LAUDERDALE FL 33313 | | CITY-ST-ZIP | S | | <table border="1"> <tr> <td>TITLE</td> <td>Ervin Williams</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>364B NW 63rd</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Coconut Creek 33073</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | Ervin Williams | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 364B NW 63rd | | STREET ADDRESS | Coconut Creek 33073 | | CITY-ST-ZIP | | |
| TITLE | WHITE, TAMAR | <input checked="" type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | 6201 NW 18TH PLACE | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | FORT LAUDERDALE FL 33313 | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | S | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>EDWARDS, SANDRA M</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>6552 SW 8 CT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>POMPANO BEACH FL 33068</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TD</td> <td></td> </tr> </table> | TITLE | EDWARDS, SANDRA M | <input checked="" type="checkbox"/> Delete | NAME | 6552 SW 8 CT | | STREET ADDRESS | POMPANO BEACH FL 33068 | | CITY-ST-ZIP | TD | | <table border="1"> <tr> <td>TITLE</td> <td>Sharon Ingrid Abrahams</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>8800 Royal Palm</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>cori spring 33065</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | Sharon Ingrid Abrahams | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 8800 Royal Palm | | STREET ADDRESS | cori spring 33065 | | CITY-ST-ZIP | | |
| TITLE | EDWARDS, SANDRA M | <input checked="" type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | 6552 SW 8 CT | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY-ST-ZIP | TD | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | Sharon Ingrid Abrahams | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | 8800 Royal Palm | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | cori spring 33065 | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>HIBBERT, ELVENA</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>3370 NW 14TH PLACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FORT LAUDERDALE FL 33311</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>D</td> <td></td> </tr> </table> | TITLE | HIBBERT, ELVENA | <input type="checkbox"/> Delete | NAME | 3370 NW 14TH PLACE | | STREET ADDRESS | FORT LAUDERDALE FL 33311 | | CITY-ST-ZIP | D | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | HIBBERT, ELVENA | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | 3370 NW 14TH PLACE | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | FORT LAUDERDALE FL 33311 | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | D | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>ALLEN, KEITH</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>4021 N.E. 2ND TERRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>POMPANO BEACH FL 33064</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>D</td> <td></td> </tr> </table> | TITLE | ALLEN, KEITH | <input type="checkbox"/> Delete | NAME | 4021 N.E. 2ND TERRACE | | STREET ADDRESS | POMPANO BEACH FL 33064 | | CITY-ST-ZIP | D | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>TRENCHFIELD, KIRK</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2889 W BROWARD BLVD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FORT LAUDERDALE FL 33311</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | TRENCHFIELD, KIRK | <input checked="" type="checkbox"/> Delete | NAME | 2889 W BROWARD BLVD | | STREET ADDRESS | FORT LAUDERDALE FL 33311 | | CITY-ST-ZIP | | | <table border="1"> <tr> <td>TITLE</td> <td>Thomas Friday</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>9861 NW 5th Ct</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Plantation Fl. 33324</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | Thomas Friday | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 9861 NW 5th Ct | | STREET ADDRESS | Plantation Fl. 33324 | | CITY-ST-ZIP | | |
| TITLE | TRENCHFIELD, KIRK | <input checked="" type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | 2889 W BROWARD BLVD | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | FORT LAUDERDALE FL 33311 | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | Thomas Friday | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | 9861 NW 5th Ct | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | Plantation Fl. 33324 | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Desrene Allen*

08-1-05