2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State
04-26-2005 90133 012 ****70.00

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1. Entity Name
COMPASSION GLOBAL, INC.

Principal Place of Business	Mailing Address
3232 WINDMILL POINT BLVD KISSIMMEE, FL 34746	3232 WINDMILL POINT BLVD KISSIMMEE, FL 34746

04092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste #1
City & State	City & State KISSIMMEE
Zip / Country	Zip 34741 / Country

4. FEI Number 20-3056422 4 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRER, JESUS 3232 WINDMILL POINT BLVD KISSIMMEE, FL 34746	Name C/O JESUS FERRER Street Address (P.O. Box Number is Not Acceptable) 1350 North Lyndell Dr · Ste #1 City Kissimmee FL Zip Code 34741

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRER, JESUS 3232 WINDMILL POINT BLVD KISSIMMEE, FL 34746	☐ Delete	1350 North Lyndell Dr Ste #1 Kissimmee, FL, 34741	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRER, MERLENE 3232 WINDMILL POINT BLVD KISSIMMEE, FL 34746	☐ Delete	1350 North Lyndell Dr. Ste #1 Kissimmee, FL, 34741.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TONGEO, RAMON 412 TESS CT ORLANDO, FL 32824	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCIALDONE, MIKE 2100 RIDGEWIND WAY WINDERMERE, FL 34786	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTIAGO, ALEX 1719 BENTLEY BLVD KISSIMMEE, FL 34741	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, EDDIE 1731 N CENTRAL AVE KISSIMMEE, FL 34741	☐ Delete		☐ Change ☐ Addition

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: _____ 4/18/05 407-346-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #