2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013015

FILED Apr 26, 2007 Secretary of State

Entity Name: COMPASS ROSE CHARITIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 500 W WESTSHORE BLVD STE 1015 TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** 500 W WESTSHORE BLVD STE 1015 TAMPA, FL 33609 FEI Number: 20-8418708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POWERS, JANICE 521 PINELLAS BAY WAY # 409 ST PETERSBURG, FL 33715 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HUNTER, REGINA Name: Name: Address: 545 PINELLAS BAY WAY Address: City-St-Zip: ST PETERSBURG, FL 33715 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: BATTLES, MELISSA Name: Address: 267 HERITAGE POINT DR Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: () Change () Addition WATERS, MARY JANE Name: Name: 154908 W HARDY DR Address: Address: City-St-Zip: TAMPA, FL 33613 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE POWERS RA 04/26/2007