

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26650

Entity Name: COMPASS, INC.

FILED
Feb 03, 2007
Secretary of State

Current Principal Place of Business:

7600 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

7600 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 65-0052657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIDESDORF, NICOLE EXC DIR
7600 SOUTH DIXIE HWY
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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:

Title: BP () Delete
Name: BUTLER, KERENSA
Address: 7600 SOUTH DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: ED () Delete
Name: LEIDESDORF, NICOLE
Address: 7600 SOUTH DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: VP () Delete
Name: GRATTENDICK, MICHAEL
Address: 5700 DESCARTES CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33433

Title: BS () Delete
Name: WOODS, MICHAEL
Address: 8130 A SEDGEWICK COURT
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: BM () Delete
Name: GRAY, BAILEY
Address: 7600 SOUTH DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BT () Change (X) Addition
Name: REAM, ALEX
Address: 7600 SOUTH DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL 33405

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 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: NICOLE LEIDESDORF

MS.

02/03/2007

Electronic Signature of Signing Officer or Director

Date