## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N26650

GRAY, BAILEY

REAM, ALEX

7600 SOUTH DIXIE HIGHWAY

7600 SOUTH DIXIE HIGHWAY

WEST PALM BEACH, FL 33405

WEST PALM BEACH, FL 33405

( ) Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: COMPASS, INC.

RT FILED Jul 18, 2007 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	TH DIXIE HWY M BEACH, FL	33405	US					
Current Mailing Address:				New Mailir	New Mailing Address:			
	TH DIXIE HWY M BEACH, FL	33405	US					
FEI Number:	65-0052657	FEI Numb	er Applied For()	FEI Number Not Appli	cable ( )	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
LEIDESDORF, NICOLE EXC DIR 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 US				7600 SOUT	FOX, SCOTT EXC DIR 7600 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405 US			
The above in the State		ubmits this	s statement for the pu	rpose of changing it	s registered	office or registered agent, or bo	oth,	
SIGNATURE: SCOTT FOX					07/18/2007			
	Electronic	Signatu	e of Registered Agen	t		Date		
OFFICERS	AND DIRECT	ORS:		ADDITION	S/CHANGES	TO OFFICERS AND DIRECT	rors:	
Title: Name: Address: City-St-Zip:	BP () E BUTLER, KEREN 7600 SOUTH DIX WEST PALM BE	(IE HWY	3405	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	ED () E LEIDESDORF, N 7600 SOUTH DIX WEST PALM BE	(IE HWY	3405 US	Title: Name: Address: City-St-Zip:	PAUL, VATTIÀ 7600 SOUTH I			
Title: Name: Address: City-St-Zip:	VP () E GRATTENDICK, I 5700 DESCARTE BOYNTON BEAC	S CIRCLE	33	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	BS () E WOODS, MICHAI 8130 A SEDGEW LAKE CLARKE S	ICK COUR		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
	BM () [	Delete		Title:		) Change ( ) Addition		

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: SCOTT FOX ED 07/18/2007

() Change () Addition