
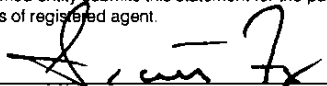
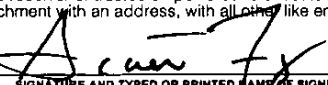


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90052 020 \*\*\*\*70.00

<b>DOCUMENT # N26650</b> 1. Entity Name <b>COMPASS, INC.</b>					
Principal Place of Business <b>7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 US</b>			Mailing Address <b>7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>FOX, SCOTT EXC DIR 7600 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>1/9/08</b>  <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BP BUTLER, KERENSA 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM PAUL, VATTIATO 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GRATTENDICK, MICHAEL 5700 DESCARTES CIRCLE BOYNTON BEACH, FL 33433</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BS WOODS, MICHAEL 8130 A SEDGEWICK COURT LAKE CLARKE SHORES, FL 33406</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM GRAY, BAILEY 7600 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BT REAM, ALEX 7600 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOARD TREASURER DONNA DEL ROSSO 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405</b>				
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOARD SECRETARY MARK LINDSAY 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405</b>				
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOARD MEMBER MICHAEL WOODS 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405</b>				
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOARD MEMBER ALEX REAM 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405</b>				
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <div style="float: right; text-align: right;"> <b>1/9/08</b>  <small>Date</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40006101



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0052657**

Applied For  
Not Applicable

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