2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90052 020 ****70.00

DOCU 1. Entity Nam COMPAS							008 90052	020 ****7	0.00
Principal Place of Business 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 US Mailing Address 7600 SOUTH DIXIE HWY WEST PALM BEACH, FL 33405 US WEST PALM BEACH, FL 3				JS	4000	12.00			
Principal Place of Business - No P.O. Box # 3. Mailing Add			Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01092008	Chg-NP	CR2	E037 (12/06)	
City & State		City & State			4. FEI Numbe 65-005			—	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desi	red 🔏	\$8.75 Ad	ditional
	6. Name and Address of Current R	legistered Agent	<u> </u>		7. Name and	Address of N	ew Registere		
FOX SCO	TT EVE DID		Na	me					
FOX, SCOTT EXC DIR 7600 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405			Stre	Street Address (P.O. Box Number is Not Acceptable)					
			City	у			F	Zip Coo	ie
	named entity submits this statement for	the purpose of changing its	s registered offi	ice or register	red agent, or bo	th, in the State	of Florida. I a	m familiar with	, and accept
the obligat	tions of registered agent.	/				1.1	<u></u>		
SIGNATURE	t un t	Y				1/4/0	28		
SIGNATURE	Signature, typed or printed name of registered agent as	nd utle if applicable. (NO	TE: Registered Agent	signature required	d when reinstating)	1/4/0	DAT	É	
SIGNATURE	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2008	9. Election Ca	TE: Registered Agent impaign Financ Contribution.		\$5.00 May B	- // 4 /(Make ch	ε eck payable to partment of S	
SIGNATURE	Filing Fee is \$61.25	9. Election Ca Trust Fund	mpaign Financ	ing 🗆	\$5.00 May 8		Make ch Fiorida Dej	eck payable to partment of S	itate
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12. I hereby certify that the information supplied with this filling 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 chapter 617.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR