2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015149

Entity Name: COMPASS MEDIA GROUP, INC.

FILED Feb 11, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
5012 BELMONT ROAD TAMPA, FL 33647					
Current Mailing Address:			New Mailing Address:		
5012 BELMONT ROAD TAMPA, FL 33647					
FEI Number:	59-3640321	FEI Number Applied For () FEI Nu	mber Not Appli	cable () C	ertificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and	Address of Nev	v Registered Agent:
REAHARD, 5012 BELM TAMPA, FL	ONT ROAD	S			
The above in the State		submits this statement for the purpose of	of changing it	s registered offic	e or registered agent, or both,
SIGNATURE:					
	Electro	nic Signature of Registered Agent			Date
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	THORMAN, DA 1642 STETSO		Title: Name: Address: City-St-Zip:	P (X) CH THORMAN, DAVID 27348 HOLLYBRO WESLEY CHAPEL	OK TR
Title: Name: Address: City-St-Zip:	VP (REAHARD, RA 5012 BELMON TAMPA, FL 33	IT ROAD	Title: Name: Address: City-St-Zip:	() Cł	nange () Addition
Title: Name: Address: City-St-Zip:	N/A (N/A, N/A N/A N/A, N/ N/A) Delete	Title: Name: Address: City-St-Zip:	() Cr	nange () Addition
Title: Name: Address: City-St-Zip:	N/A (N/A, N/A N/A N/A, N/ N/A) Delete	Title: Name: Address: City-St-Zip:	() Ch	nange () Addition
Title: Name: Address: City-St-Zip:	N/A (N/A, N/A N/A N/A, N/ N/A N/) Delete	Title: Name: Address: City-St-Zip:	() Ch	nange()Addition
Title: Name: Address: City-St-Zip:	N/A (N/A, N/A N/A N/A, N/ N/A) Delete	Title: Name: Address: City-St-Zip:	() Cł	nange () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH REAHARD VP 02/11/2005