
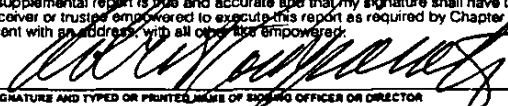


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90148 032 \*\*\*150.00

<b>DOCUMENT # P00000074382</b>		
1. Entity Name COMPSON ST. ANDREWS ASSOCIATES, INC.		
Principal Place of Business 980 NORTH FEDERAL HWY. SUITE 400 BOCA RATON, FL 33432	Mailing Address 980 NORTH FEDERAL HWY. SUITE 400 BOCA RATON, FL 33432	
<b>DO NOT WRITE IN THIS SPACE</b>		
		02282006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1034297		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
COMPARATO, ROBERT 980 N. FEDERAL HWY SUITE 400 BOCA RATON, FL 33432		<b>DO NOT WRITE IN THIS SPACE</b>
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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, ROBERT 980 NORTH FEDERAL HWY. SUITE 400 BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, MICHAEL 6575 NW 32ND WAY BOCA RATON, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPARATO, JEFFREY 8650 2 EAGLE RUN DRIVE BOCA RATON, FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 607, 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 empowerment.		
SIGNATURE:  6/12/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		