

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90131 004 ***150.00

DOCUMENT # P01000096113 1. Entity Name COMPASS INTERNATIONAL, INC.																											
Principal Place of Business 2971 BONAVENTURE CIRCLE SUITE 202 PALM HARBOR, FL 34684		Mailing Address 2971 BONAVENTURE CIRCLE SUITE 202 PALM HARBOR, FL 34684																									
2. Principal Place of Business 13804 Plumosa Ave Suite, Apt. #, etc.		3. Mailing Address 13804 Plumosa Ave Suite, Apt. #, etc.																									
City & State Hudson, FL Zip 34667		City & State Hudson, FL Zip 34667																									
Country PASCO		Country PASCO																									
4. FEI Number 59-3756956		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GREENE, ELLIOT 3405 NW 9TH AVENUE #1201 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DILLON, MAURICE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2971 BONAVENTURE CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM HARBOR, FL 34684</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	DILLON, MAURICE		STREET ADDRESS	2971 BONAVENTURE CIRCLE		CITY-ST-ZIP	PALM HARBOR, FL 34684		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">13804 Plumosa Ave</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Hudson, FL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>34667</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	13804 Plumosa Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Hudson, FL		STREET ADDRESS	34667		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 empowered.																											
SIGNATURE: <u>MAURICE DILLON</u>		3-29-05																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									