FILED
Jan 12, 2005 8:00 am
Secretary of State
01-12-2005 90017 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000009141

1. Entity Name
COMPASS MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
7015 BEROCOSA WAY # 102 BOCA RATON, FL 33433	7015 BEROCOSA WAY # 102 BOCA RATON, FL 33433

40000890

01102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7015 Beracasa Way	7015 Beracasa Way
Suite, Apt. #, etc. #102	Suite, Apt. #, etc. #102
City & State Boca Raton, Fl	City & State Boca Raton, Fl
Zip 33433 Country USA	Zip 33433 Country USA

4. FEI Number 01-0630806 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRESSER, EMERSON
20777 SONETO DR.
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name Lauren Jasky
Street Address (P.O. Box Number Is Not Acceptable) 7015 Beracasa Way #102
City Boca Raton FL Zip Code 33433

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 Lauren Jasky Sr. VP Lauren Jasky 1/10/05
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRESSER, EMERSON 20777 SONETO DR. BOCA RATON, FL 33433	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Tracy Posess 2375 NW 43RD ST Boca Raton Fl 33431	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President Lauren Jasky 19115 Westbrook Pl Boca Raton, Fl 33434	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Lauren Jasky Sr VP Lauren Jasky 1/10/05 (561) 338-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #