2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 03, 2006 08:00 AM Secretary of State **DOCUMENT # P02000132660** 1. Entity Name COMPTON & BENNETT INC. Mailing Address Principal Place of Business 525 FIFTH STREET NW 525 FIFTH STREET NW NAPLES, FL 34120 NAPLES, FL 34120 CR2E034 (11/05) 04242006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4227037 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COMPTON, RICK DO NOT WRITE 525 FIFTH STREET NW NAPLES, FL 34120 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if appricable. (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DP COMPTON, RICK NAME STREET ADDRESS **525 FIFTH STREET NW** NAPLES, FL 34120 CRY-ST-ZIP DST me BENNETT, BETSY NAME STREET ADDRESS 525 FIFTH STREET NW COTY-ST-ZIP NAPLES, FL 34120 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE 3131.6 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

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