2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000104629

1. Entity Name COMPSOURCE INC

Principal Place of Business

Mailing Address

1800 SECOND STREET 909 1800 SECOND STREET

909

SARASOTA, FL 34236

SARASOTA, FL 34236

FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90389 007 ***150.00



DO NOT WRITE IN THIS SPACE

03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1362459 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 6. | Name and | Address of | Current | Registered | i Agent |
|----|----------|------------|---------|------------|---------|
| | | | | | |

WOLFE, RANDOLPH 100 NORTH TAMPA STREET TAMPA, FL 33602

DO NOT WRITE 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 | applicable. (NOTE: Registered | Agent signature | required when reinstating) | DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | \$5.00 May Be Added to Fees | | | | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HAMS, FORREST J.III 1800 SECOND ST STE 909 SARASOTA, FL 34236 | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | - | | DO NOT WRITE IN THIS SPACE | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | |
| TITLE NAME | | | | | | | | | | |

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 charged, or on an attachment with an approach, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #