2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129812

Entity Name: COMPRESS TECHNOLOGIES, INC.

FILED Mar 07, 2006 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	V PARIS WAY N, FL 34222-7	26 US			
Current Mailing Address:			New Mailing Addres	s:	
	V PARIS WAY N, FL 34222	US			
FEI Number	: 20-3707296	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
6106 NEW	JOHN J SR. V PARIS WAY N, FL 34222	US			
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
		ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () MEDICO, JOHN 6106 NEW PAR ELLENTON,, FI	RIS WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TERWILLIGER	AVE., SUITE 310	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () JONES, RON 6106 NEW PAR ELLENTON, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MEDICO SR. PRES 03/07/2006