

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018484

FILED
Apr 17, 2007
Secretary of State

Entity Name: COMPASS ROSE REAL ESTATE SERVICES, INC.

Current Principal Place of Business:

200 CELEBRATION PLACE
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

500 S BUENA VISTA ST
BURBANK, CA 915210586

New Mailing Address:

500 S BUENA VISTA ST
BURBANK, CA 915210105

FEI Number: 20-2633650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JEFFREY H
1375 BUENA VISTA DR
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVD () Delete
Name: LEWIS, JAMES M
Address: 200 CELEBRATION PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: ASD () Delete
Name: REED, MARSHA L
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

Title: PD () Delete
Name: WEISS, ALLEN R
Address: 1375 BUENA VISTA DR 4 NORTH
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: AS (X) Delete
Name: JOYNER, CHRISTINE
Address: 200 CELEBRATION PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: AT () Delete
Name: BUETTNER, ANNE L
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

Title: AT () Delete
Name: HANFORD, JAMES D
Address: 500 S BUENA VISTA ST
City-St-Zip: BURBANK, CA 91521

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEWIS, JAMES M
Address: 200 CELEBRATION PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STAFFA, SUZANNE B
Address: 200 CELEBRATION PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARSHA L. REED

AS

04/17/2007

Electronic Signature of Signing Officer or Director

Date