2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

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Entity Name: COMPASS CONSULTING GROUP, INC.

Current Principal Place of Business:

4348 SOUTHPOINT BLVD., STE 201
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4348 SOUTHPOINT BLVD., STE 201
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3301472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WATSON, TODD ATTY
12276 SAN JOSE BLVD STE 721
JACKSONVILLE, FL 32223 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: MYERS, WILLIAM P
Address: 812 QUEENS HARBOUR BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: PRES
Name: HARMAN, JOHN K
Address: 641 TREEHOUSE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VP
Name: POOLE, JAMES G
Address: 1212 TRAILWOOD DR.
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: OD
Name: HEATH, KYLE R
Address: 6556 PITTS ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: SVPO
Name: O'BRIEN, TONI L
Address: 912 QUINCY COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: SVP
Name: FOSTER, T E
Address: 4348 SOUTHPOINT BLVD #201
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN K. HARMAN PRES 01/03/2011

Electronic Signature of Signing Officer or Director — Date