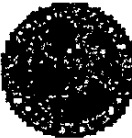


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90363 006 \*\*\*150.00

<b>DOCUMENT # P05000140525</b>	
<b>1. Entity Name</b> COMPASS SURVEYING, INC.	

<b>Principal Place of Business</b> 3096 EL CAMINO REAL WEST PALM BEACH, FL 33409	<b>Mailing Address</b> 3096 EL CAMINO REAL WEST PALM BEACH, FL 33409
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<b>2. Principal Place of Business - No P.O. Box #</b> 5601 Corporate Way Suite, Apt. #, etc. 210 City & State West Palm Beach, FL Zip 33407 Country USA	<b>3. Mailing Address</b> 5601 Corporate Way Suite, Apt. #, etc. #210 City & State West Palm Bch FL Zip 33407 Country USA
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03082007 Chg-P CR2E034 (12/06)

<b>4. FEI Number</b> 20-3638632	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b> MICKLE, JAMIE C 3096 EL CAMINO REAL WEST PALM BEACH, FL 33409
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<b>7. Name and Address of New Registered Agent</b> Name Jamie C Mickle Street Address (P.O. Box Number is Not Acceptable) 5601 Corporate Way #210 City West Palm Bch FL Zip Code 33407
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**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  Jamie Mickle DATE 3/9/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MICKLE, JAMIE C
STREET ADDRESS	3096 EL CAMINO REAL
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	VP <input type="checkbox"/> Delete
NAME	SWEET, JAY L JR.
STREET ADDRESS	12232 52ND ROAD N.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	S <input type="checkbox"/> Delete
NAME	DENTRY, DEBORAH
STREET ADDRESS	3540 FOREST HILL BLVD., SUITE 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE:  Deborah Dentry DATE 3/9/07 DAYTIME PHONE # 561-440-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR