


FILED  
May 24, 2007 8:00 am  
Secretary of State

04-30-2007 90403 016 \*\*\*158.75

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P06000071458			
1. Entity Name MAINSTREET COMPASS, INC.			
Principal Place of Business 1 FINANCIAL PLAZA SUITE 102 FT LAUDERDALE, FL 33394		Mailing Address 1 FINANCIAL PLAZA SUITE 102 FT LAUDERDALE, FL 33394	
2. Principal Place of Business - No P.O. Box # 2101 W. Commercial Blvd. Suite, Apt. #, etc. 1200 City & State Fort Lauderdale FL Zip 33309 Country		3. Mailing Address 2101 W. Commercial Blvd. Suite, Apt. #, etc. 1200 City & State Fort Lauderdale FL Zip 33309 Country	
02082007		Chg-P CR2E034 (12/06)	
4. FL Number 20-4919891		Applied For Not Applicable	
5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KILGALLON, PAUL J 1 FINANCIAL PLAZA SUITE 102 FT LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Blvd. Suite 1200 City Fort Lauderdale FL Zip Code 33309	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KILGALLON, PAUL J 1 FINANCIAL PLAZA SUITE 102 FT LAUDERDALE, FL 33394 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 2101 W. Commercial Blvd. Suite 1200 Fort Lauderdale FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/27/07 954-717-9066 <small>Date</small>	