2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL -7 PM 12:15

DOCUMENT # P93000077756

1. Entity Name
COMPASS ACQUISITION CORP.

Principal Place of Business	Mailing Address
2710 REW CIR. SUITE 100 OCOEE, FL 34761	2710 REW CIR. SUITE 100 OCOEE, FL 34761

06272006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
5401 S. Kirkman Road	5401 S. Kirkman Road
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Orlando, FL	City & State Orlando, FL
Zip: 32819 Country: USA	Zip: 32819 Country: USA

4. FEI Number: 59-3211526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEVINE, DANIEL J 2710 REW CIRCLE SUITE 100 OCOEE, FL 34761	Name: Devine, Daniel J. Street Address (P.O. Box Number is Not Acceptable): 5401 S. Kirkman Road Suite 200 City: Orlando **FL** Zip Code: 32819

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 _____ 6/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEVINE, DANIEL J 2710 REW CIRCLE, SUITE 100 OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T 5401 S. Kirkman Road, Suite 200 Orlando, FL 32819	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T ROGERS, KIRVEN 2710 REW CIRCLE, SUITE 100 OCOEE, FL 34761	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000077386510 07/12/06--01017--022 **900.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Daniel J. Devine, President 6-28-06 (407) 573-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

M. Williams JUL - 7 2006