

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083360

FILED
Feb 23, 2005
Secretary of State

Entity Name: COMPASS ROSE INVESTIGATIONS, INC.

Current Principal Place of Business:

17580 ORANGE GROVE BLVD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1136
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0707387 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AKEY, THEODORE J
17580 ORANGE GROVE BLVD
LOXAHATCHEE, FL 33470 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: DPST () Delete
Name: AKEY, THEODORE J
Address: 17580 ORANGE GROVE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: AKEY, CHERYL
Address: 17580 ORANGE GROVE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: DEANDREA, GAIL
Address: 325 OAK RIDGE DR
City-St-Zip: CARTERSVILLE, GA 30120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: AKEY, THEODORE J
Address: 17580 ORANGE GROVE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD (X) Change () Addition
Name: AKEY, CHERYL
Address: 17580 ORANGE GROVE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D (X) Change () Addition
Name: D'EANDREA, GAIL
Address: 325 OAK RIDGE DR
City-St-Zip: CARTERSVILLE, GA 30120

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THEODORE J. AKEY

PTD

02/23/2005

Electronic Signature of Signing Officer or Director

_____ Date