

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054408

FILED
Apr 17, 2006
Secretary of State

Entity Name: COMPASS MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

10 SOUTH NEW RIVER DRIVE, EAST
SUITE 205
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

10 SOUTH NEW RIVER DRIVE, EAST
SUITE 205
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0769935 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEENKISTE, JOHN V
10 SOUTH NEW RIVER DRIVE, EAST
SUITE 205
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

TESTA, T
10 SOUTH NEW RIVER DRIVE, EAST
SUITE 205
FORT LAUDERDALE, FL 33301 US

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: TESTA, T

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEENKISTE, JOHN VAN
Address: 10 SOUTH NEW RIVER DRIVE, EAST, SUITE 205
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VD () Delete
Name: ATTAWAY, SHERYL
Address: 10 SOUTH NEW RIVER DRIVE, EAST, SUITE 205
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: TESTA, THOMAS
Address: 10 SOUTH NEW RIVER DRIVE, EAST
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TESTA, T
Address: 10 SOUTH NEW RIVER DRIVE, EAST, SUITE 205
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D (X) Change () Addition
Name: STEENKISTE, J.V.
Address: 10 SOUTH NEW RIVER DRIVE, EAST, SUITE 205
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D (X) Change () Addition
Name: ATTAWAY, S
Address: 10 SOUTH NEW RIVER DRIVE, EAST
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TESTA, T

D

04/17/2006

Electronic Signature of Signing Officer or Director

Date