


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000036625</b>		
1. Entity Name COMPROMISE SOLUTIONS, INC.		
Principal Place of Business 3107 SHIRLING RD. 308 FORT LAUDERDALE, FL 33312	Mailing Address 3107 STIRLING ROAD STE 308 FORT LAUDERDALE, FL 33312	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FRIEDMAN, KENNETH A 3107 STIRLING ROAD SUITE 308 FORT LAUDERDALE, FL 33312		<b>DO NOT WRITE IN THIS SPACE</b>
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>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FRIEDMAN, KENNETH A 3107 STIRLING RD. STE. 308 FORT LAUDERDALE, FL 33312	
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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: <u>Kenneth A. Friedman</u> Kenneth A. Friedman		4/20/06 954-983-6677
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0830837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000551326  
05/13/06-80096-003 150.00

**DO NOT WRITE  
IN THIS SPACE**