2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90073 019 ***150.00

DOCUMENT # P98000036625

1. Entity Name
COMPROMISE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3107 SHIRLING RD. 308 FORT LAUDERDALE, FL 33312	3107 STIRLING ROAD STE 308 FORT LAUDERDALE, FL 33312

4000...

04262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5802 N. University Dr.	5802 N. University Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, FL	City & State: Tamarac, FL
Zip: 33321 Country: USA	Zip: 33321 Country: USA

4. FEI Number: 65-0830837 ☐ 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
FRIEDMAN, KENNETH A 3107 STIRLING ROAD SUITE 308 FORT LAUDERDALE, FL 33312	Name: Kenneth A. Friedman Street Address (P.O. Box Number is Not Acceptable): 5802 N. University Drive City: Tamarac **FL** Zip Code: 33321

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: Kenneth A. Friedman [signature] 4/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPS FRIEDMAN, KENNETH A 3107 STIRLING RD. STE. 308 FORT LAUDERDALE, FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5802 N. University Dr. Tamarac, FL 33321	☒ 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		☐ 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		☐ 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: [signature] Kenneth A. Friedman 4/26/07 954-983-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #