2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26, 2005 8:00 am Secretary of State DOCUMENT # P98000103408 1. Entity Name 01-26-2005 90016 001 ***150 00 COMPASS REALTY ADVISORS, INC Principal Place of Business Mailing Address P.O. BOX 1625 100 S OLIVE AVE 20001000 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0901430 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Satter JONATHAN R. SATTER, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 100 S OLIVE AVE WEST PALM BEACH FL 33401 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 gent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** Μαγ Βε After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. םו TITLE ☐ Delete TITLE Change ☐ Addition DEWOODY, DONALD K JR. NAME NAME 1280 BEAR ISLAND DR. STREET ADDRESS STREET ADDRESS W. PALM BCH FL 33409 CITY-ST-7IP CITY-ST-7IP ח TITLE ☐ Delete TITLE Change ☐ Addition SATTER, JONATHAN R NAME NAME P. O. BOX 1592 N/A STREET ADDRESS STREET ADDRESS W. PALM BCH FL 33402 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ----NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition TIFLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED

1-20-05 361-659 1800 Date Daytine Phone I