2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 16, 2006 8:00 am **Secretary of State** DOCUMENT # P98000103408 1. Entity Name 02-16-2006 90061 049 ***150.00 COMPASS REALTY ADVISORS, INC Principal Place of Business Mailing Address 100 S OLIVE AVE WEST PALM BEACH FL 33401 P.O. BOX 1625 WEST PALM BEACH FL 33402 Principal Place of Business OST OFFICE POX 1625 Suite. Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For 65-0901430 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jonathan R. Salker SATTER, JOHATHAN R Street Address (P.O. Box Number is Not Acceptable) 100 S OLIVE AVE WEST PALM BEACH FL 33401 West Palm Beach 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. THE TITLE Change ☐ Addition ☐ Delete Dewlood, Donald K. Ir. DEWOODY, DONALD K JR. NAME NAME Past Office Box 1625 STREET ADDRESS 1280 BEAR ISLAND DR. STREET ADDRESS WET BIM Beach FU 33402 W. PALM BCH FL 33409 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [Addition Satter Jonathan R SATTER, JONATHAN R NAME NAME Past office Bex 1625 STREET ADDRESS STREET ADDRESS P. O. BOX 1592 N/A WEST Palu Beach FL 33402 CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH FL 33402 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THTLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Jonathan R. Satker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561)659-1800

FILED