2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2007 8:00 am DOCUMENT # P98000103408 **Secretary of State** 02-12-2007 90108 027 ***150.00 COMPASS REALTY ADVISORS, INC Principal Place of Business Mailing Address P.O. BOX 1625 P.O. BOX 1625 WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FE! Number Applied For 65-0901430 Not Applicable Zip Zip Country 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 Jowathan R SALTER JONATHAN R Stroot Address (P.O. Box Number is Not Acceptable) 100 S ØLIVE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Debuoody, Donald K., Jr. Gorange Addition Po Box 1625 West Palm Beach FL 33402 D SATTER, Jon ATHAN Destrange Addition Po Box 1625 West Palm Beach, FL 33402 III Delete 100. DEWOOD, DONALD K JR NAME NAME. P.O. BOX 1625 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33402 CITY-ST-7IP CITY ST-ZIP 11111 Delete Delete THE SALTER JONATHAN R NAME NAM P.O. BOX 1625 STREET ADDRESS STREET ADDRESS W. PALM BCH FL 33402 C/TY-ST-ZIP CITY-ST-71P TITLE ☐ Delete mur NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ШŒ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete THUE Addition NAME NAME STREET ADDRESS STRUCT ADORESS CITY-ST-ZIP CHY-ST-7IP TITLE HILE. Delete Change ☐ Addition NAME NAMI STREET ADDRESS STRELL ADDRESS CITY-ST-ZIP CITY-S1-7IP 12. 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 witt an address with all other like empowered.

Jonathan R. Satter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED