2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 21, 2006 8:00 am
Secretary of State
05-02-2006 90148 033 ***150.00

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1. Entity Name
COMPSON MANAGEMENT CORPORATION

66020098

Principal Place of Business	Mailing Address
980 N FED HWY 400 BOCA RATON, FL 33432 US	777 S FLAGLER DR SUITE 900 E TOWER W PALM BCH, FL 33401 US

980 N. Federal Hwy
#400
Boca Raton, FL 33432

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02282006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0240291

☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

DICKENSON, DAVID B
980 NORTH FEDERAL HIGHWAY
SUITE 410
BOCA RATON, FL 33432

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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 _____ DATE
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COMPARATO, MICHAEL
STREET ADDRESS	980 N. FEDERAL HWY #400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	COMPARATO, ROBERT
STREET ADDRESS	980 N. FEDERAL HWY., #400
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	COMPARATO, JEFFERY
STREET ADDRESS	980 N FEDERAL HWY, # 400
CITY-ST-ZIP	BOCA RATON, FL 33423
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 6/19/06 561/391-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #