
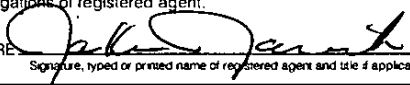



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90162 027 ***150.00

DOCUMENT # S91723 1. Entity Name COMP U.S., INC.					
Principal Place of Business 3309 NW 55TH ST. FORT LAUDERDALE, FL 33309 US				Mailing Address 1320 N. SEMORN BLVD ORLANDO, FL 32807	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1320 N. SEMORAN BLVD SUITE 211 City & State ORLANDO, FL			
City & State		Zip 32807		Country USA	
4. FEI Number 65-0293285				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANOWIAK, JACKIE 1300 N SEMORAN BLVD STE 200 ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name JANOWIAK, JACKIE Street Address (P.O. Box Number is Not Acceptable) 1320 N. SEMORAN BLVD SUITE 211 City ORLANDO		
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:  JACKIE JANOWIAK <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME JANOWIAK, JACKIE STREET ADDRESS 1300 N SEMORAN BLVD., SUITE 200 CITY-ST-ZIP ORLANDO, FL 32807			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1320 N. SEMORAN BLVD, SUITE 211 STREET ADDRESS ORLANDO, FL 32807 CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME JANOWIAK, MICHAEL STREET ADDRESS 5400 BIRCHBEND LOOP CITY-ST-ZIP OVIEDO, FL 32765			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 2750 CANOPY COURT STREET ADDRESS CHULUOTA, FL 32766 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 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, with all other like empowered.					
SIGNATURE:  JACKIE JANOWIAK 4/20/2005 407-342-2332 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					