2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P06000020096

Entity Name: CORNERSTONE ASSURANCE GROUP, INC.

Current Principal Place of Business:

P.O. BOX 752
SHALIMAR, FL 32579

New Principal Place of Business:

900 NORTH SHORE DRIVE
SUITE 109
LAKE BLUFF, IL 60044

Current Mailing Address:

P.O. BOX 752
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 71-0997632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONETARY MANAGEMENT SYSTEMS, INC.
39 MAPLE AVE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HALEY, EDWARD P
Address: 900 NORTH SHORE DRIVE
City-St-Zip: LAKE BLUFF, IL 60044

Title: SEC ( ) Delete
Name: HALEY, ANDREW M
Address: 900 NORTH SHORE DRIVE
City-St-Zip: LAKE BLUFF, IL 60044

Title: VP ( ) Delete
Name: HALEY, JOHN Q
Address: 23553 EAGLES NEST RD.
City-St-Zip: ANTIOCH, IL 63332

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: DUGGAN, PATRICK
Address: 614 BENTON ROAD
City-St-Zip: LAKE VILLA, IL 60046

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD P HALEY P 04/26/2007

Electronic Signature of Signing Officer or Director — Date