


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90069 012 \*\*\*150.00

<b>DOCUMENT # 477248</b>	
1. Entity Name <b>CORNERSTONE CONSTRUCTION, INC.</b>	

Principal Place of Business <b>8233-18 GATOR LANE WEST PALM BEACH FL 33411</b>	Mailing Address <b>8233-18 GATOR LANE WEST PALM BEACH FL 33411</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-1596787</b>	Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>							
<table border="1"> <tr> <th>6. Name and Address of Current Registered Agent</th> <th>7. Name and Address of New Registered Agent</th> </tr> <tr> <td rowspan="4"> <b>SCHMIDT, FREDERICK J 8233 18 GATOR LANE W. PALM BEACH FL 33411</b> </td> <td>Name</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> </tr> <tr> <td>State <b>FL</b> Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	<b>SCHMIDT, FREDERICK J 8233 18 GATOR LANE W. PALM BEACH FL 33411</b>	Name	Street Address (P.O. Box Number is Not Acceptable)	City	State <b>FL</b> Zip Code
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent							
<b>SCHMIDT, FREDERICK J 8233 18 GATOR LANE W. PALM BEACH FL 33411</b>	Name							
	Street Address (P.O. Box Number is Not Acceptable)							
	City							
	State <b>FL</b> Zip Code							

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, FREDERICK J	NAME	
STREET ADDRESS	8233 18 GATOR LANE	STREET ADDRESS	
CITY- ST- ZIP	W. PALM BEACH FL.	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, JOSEPH A	NAME	
STREET ADDRESS	981 LEMONGRASS LANE	STREET ADDRESS	
CITY- ST- ZIP	WELLINGTON FL 33414	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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 with an address, with all other info empowered.

SIGNATURE: 	Date <b>3/29/07</b>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		