

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 611027

FILED
Apr 20, 2007
Secretary of State

Entity Name: CORNERSTONE RESTORATIONS, INC.

Current Principal Place of Business:

809 S. ORLANDO AVE., SUITE F
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

809 S. ORLANDO AVE., SUITE F
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-1931156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVICH, MICHAEL D
690 OSCEOLA AVE #306
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

DAVICH, MICHAEL D
509 N. PENINSULA AVE.
NEW SMYRNA BEACH, FL 32169 US

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: MICHAEL D. DAVICH

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVICH, MICHAEL D
Address: 690 OSCEOLA AVE #306
City-St-Zip: WINTER PARK, FL 32789

Title: ST () Delete
Name: DAVICH, ANITA P
Address: 690 OSCEOLA AVE. #306
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: LOHR, ANNA C
Address: 2839 TECH DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: VP () Delete
Name: LOHR, BENJAMIN R
Address: 2839 TECH DR
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVICH, MICHAEL D
Address: 509 N. PENINSULA AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: ST (X) Change () Addition
Name: DAVICH, ANITA P
Address: 509 N. PENINSULA AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP (X) Change () Addition
Name: LOHR, ANNA C
Address: 3419 T.C.U. BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: VP (X) Change () Addition
Name: LOHR, BENJAMIN R
Address: 3419 T.C.U. BLVD.
City-St-Zip: ORLANDO, FL 32817

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: MICHAEL D. DAVICH

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date