

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004880

Entity Name: CEDARCRESTONE, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

1255 ALDERMAN DR.
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

1255 ALDERMAN DR.
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number: 58-2548193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/D () Delete
Name: YONKERS, CAL PRES/DI
Address: 1790 VILLA RICA RD.
City-St-Zip: POWDER SPRINGS, GA 30127

Title: VP/D () Delete
Name: BOYER, NEIL VP/D
Address: 4 WHITE OAK CT.
City-St-Zip: ALGONQUIN, IL 60102

Title: S/T () Delete
Name: FEES, BRIAN E SEC/TR
Address: 3695 SCHONNER RIDGE
City-St-Zip: ALPHARETTA, GA 30005

Title: DIR () Delete
Name: JON, MAULTON DIR
Address: 1255 ALDERMAN DR
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: YONKERS, CAL PRES/DI
Address: 1255 ALDERMAN DRIVE
City-St-Zip: ALPHARETTA, GA 30005

Title: VP/D (X) Change () Addition
Name: BOYER, NEIL VP/D
Address: 4 WHITE OAK CT
City-St-Zip: ALGONQUIN, IL 60102

Title: T (X) Change () Addition
Name: FEES, BRIAN E SEC/TR
Address: 3695 SCHONNER RIDGE
City-St-Zip: ALPHARETTA, GA 30005

Title: S (X) Change () Addition
Name: COGGINS, DALE
Address: 30 ROWES WHARF
City-St-Zip: BOSTON, MA 02110

I hereby certify that the information supplied with this filing does not qualify 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: BRIAN FEES

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04/22/2008

Electronic Signature of Signing Officer or Director

Date