

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001755

FILED
Mar 17, 2006
Secretary of State

Entity Name: CORNERSTONE MANAGEMENT PARTNERS, INC.

Current Principal Place of Business:

3100 FALLING LEAF CT STE 200
COLUMBIA, MO 65201

New Principal Place of Business:

Current Mailing Address:

PO BOX 6040
COLUMBIA, MO 652056040

New Mailing Address:

FEI Number: 43-1766314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, JOHN
801 W. STATE ROAD #436 STE 2003
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

BAKER, JOHN
491 N. SR 434 STE 125
ALTAMONTE SPRINGS, FL 32714 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:

03/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPS () Delete
Name: FRENCH, JAMES CARL
Address: 5413 W TAYSIDE CIRCLE
City-St-Zip: COLUMBIA, MO 65203

Title: VC () Delete
Name: HOLLAND, EARL P
Address: 15270 KILBIRNIE DR S.E.
City-St-Zip: FORT MEYERS, FL 33912

Title: D () Delete
Name: GINGRICH, ANDY
Address: 3136 S. OLD RIDGE RD
City-St-Zip: COLUMBIA, MO 65203

Title: D () Delete
Name: GODFREY, JAMES EDWARD JR
Address: 12 FOXBORO RD
City-St-Zip: ST. LOUIS, MO 63124

Title: VP () Delete
Name: WALKER, ROGER DWAYNE
Address: 1711 S FAIRVIEW RD
City-St-Zip: COLUMBIA, MO 65203

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

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

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: JAMES CARL FRENCH

CPS

03/17/2006

Electronic Signature of Signing Officer or Director

Date