

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006585

FILED
Mar 25, 2008
Secretary of State

Entity Name: FIELDSTONE CAPITAL MANAGEMENT, INC.

Current Principal Place of Business:

519 AMERICAN LEGION HIGHWAY, UNIT #3
WESTPORT, MA 02790

New Principal Place of Business:

Current Mailing Address:

519 AMERICAN LEGION HIGHWAY, UNIT #3
WESTPORT, MA 02790

New Mailing Address:

FEI Number: 36-4547948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARRIERE, GEORGE
5634 SW 89TH AVENUE
COOPER CITY, FL 33328 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: PSTC () Delete
Name: POWERS, BRENDA
Address: 29 FIELDSTONE DRIVE
City-St-Zip: WESTPORT, MA 02790

Title: VP () Delete
Name: POWERS, MICHAEL F JR
Address: 29 FIELDSTONE DRIVE
City-St-Zip: WESTPORT, MA 02790

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 F POWERS, JR.

VP

03/25/2008

Electronic Signature of Signing Officer or Director

Date