

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004945

FILED
Jan 21, 2009
Secretary of State

Entity Name: CORNERSTONE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1350 DIVISION ROAD SUITE 301
WEST WARWICK, RI 02893

New Principal Place of Business:

Current Mailing Address:

1350 DIVISION ROAD SUITE 301
WEST WARWICK, RI 02893

New Mailing Address:

FEI Number: 05-0474165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MINDY
300 PRIMERA BLVD STE 164
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

SMITH, MINDY
1525 INTERNATIONAL PARKWAY
LAKE MARY, FL 32746 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:

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CARDELLO, JOSEPH E
Address: 125 WOODBRIDGE DRIVE
City-St-Zip: EAST GREENWICH, RI 02818

Title: VPT () Delete
Name: CALISE, ROBERT F
Address: 81 CREST DRIVE
City-St-Zip: CRANSTON, RI 02921

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: ROBERT F CALISE

VPT

01/21/2009

Electronic Signature of Signing Officer or Director

Date