2006 FOR PROFIT CORPORATION ANNUAL REPORT

FI
Jan 25, 2(
Secret

DOCUMENT # F24883

1. Entity Name
CORNERSTONE SYSTEMS, INC.

Principal Place of Business	Mailing Address
11844 165 RD. NO. JUPITER, FL 33478	11844 165 RD. NO. JUPITER, FL 33478

DO NOT WRITE IN THIS SPACE

01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2086667
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZETLER, JAMES
11844 165 RD. NO.
JUPITER, FL 33478

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME	ZETLER, JAMES
STREET ADDRESS	11844 165 RD. NO.
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	V
NAME	ZETLER, PATRICIA
STREET ADDRESS	11844 165 RD. NO.
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	DST
NAME	ZETLER, PATRICIA
STREET ADDRESS	11844 165 RD. NO.
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00U00400637
02/02/06-80011-024 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Patricia Zetler 01-23-2006 561-747-1813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D
NAME	KALE, TAMI
STREET ADDRESS	29 COLERIDGE COURT
CITY-ST-ZIP	PALM COAST, FL 32137

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Kevin Kale Secretary 1/20/06 (904) 733-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #