2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24306

FILED Mar 18, 2009 Secretary of State

Entity Name: CORNERSTONE BUILDING SYSTEMS INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
STE 106	EMORAN BOU FL 32703	LEVARD			
Current M	lailing Addres	ss:	New Mailing Addres	s:	
STE 106	EMORAN BOU FL 32703	LEVARD			
FEI Number	: 59-2460196	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	HARLES D. EMORAN BOLL	LEVARD			
1428 E. SE STE 106 APOPKA, The above	EMORAN BOUFL 32703 US named entity end of Florida.		purpose of changing its registere	d office or registered agent, or both,	
1428 E. SI STE 106 APOPKA, The above in the State	EMORAN BOU FL 32703 US named entity e of Florida. RE:			d office or registered agent, or both, Date	
1428 E. SI STE 106 APOPKA, The above n the Stati	EMORAN BOU FL 32703 US named entity: of Florida. RE: Electror	submits this statement for the			
1428 E. SI STE 106 APOPKA, The above in the Stati SIGNATUI	EMORAN BOU FL 32703 US named entity: of Florida. RE: Electror	submits this statement for the nic Signature of Registered Ag g Trust Fund Contribution ().	ent		
1428 E. SI STE 106 APOPKA, The above in the Stati SIGNATUI	EMORAN BOU FL 32703 US e named entity : e of Florida. RE: Electror mpaign Financing S AND DIREC PD () SMITH, CHARL	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete ES D., RAN BOULEVARD, #106	ent	Date	

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: CHARLES D. SMITH PRES 03/18/2009