2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J87254

FILED Apr 28, 2008 Secretary of State

Entity Name: CORNERSTONE MORTGAGE & INVESTMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 1401 HIGHWAY 17 N FT. MEADE, FL 33841 **Current Mailing Address: New Mailing Address:** 114 CYPRESS POINT W 1114 CYPRESS POINT WEST WINTER HAVEN, FL 33884 US WINTER HAVEN, FL 33884 US FEI Number: 59-2830507 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRAZIER, CLAYTON W 1401 HIGHWAY 17 N FT. MEADE, FL 33841 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KENDRICK, R.E. III, Name: Name: 1114 CYPRESS POINT W Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: VD Title: () Delete () Change () Addition FRAZIER, CLAYTON W., Name: Name: 1401 HIGHWAY 17 N Address: Address: FT. MEADE, FL 33841 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition KENDRICK, NANCY C. Name: Name: 1114 CYPRESS POINT W Address: Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: () Delete Title: () Change () Addition FRAZIER, TAMMIE C., Name: Name: Address: 1401 HIGHWAY 17 N Address: City-St-Zip: FT. MEADE, FL 33841 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: R. E. KENDRICK III PD 04/28/2008