

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 11, 2005
Secretary of State**

DOCUMENT# L02203

Entity Name: CORNERSTONE CUSTOM HOMES, INC.

Current Principal Place of Business:

6 GALE LN
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 730384
ORMOND BEACH, FL 32173 US

New Mailing Address:

FEI Number: 59-2971522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPE, JAMES C
6 GALE LN
ORMOND BEACH, FL 32174 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOPE, JAMES C
Address: 6 GALE LN
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: HOPE, MICHELLE A
Address: 6 GALE LN
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP (X) Delete
Name: SILVERNAIL, ROBERT
Address: 937 CHICKADEE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: JAMES C. HOPE

PRES

05/11/2005

Electronic Signature of Signing Officer or Director

_____ Date