2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N07000003653

Entity Name: CORNERSTONE EDUCATIONAL AND COUNSELING CENTER, INC.

Current Principal Place of Business:

1408 N. KILLIAN DRIVE
SUITE #102
LAKE PARK, FL 33403

New Principal Place of Business:

909 NORTHERN DRIVE
LAKE PARK, FL 33403

Current Mailing Address:

1408 N. KILLIAN DRIVE
SUITE #102
LAKE PARK, FL 33403

New Mailing Address:

909 NORTHERN DRIVE
LAKE PARK, FL 33403

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

COLLINS, ROSALYN R PRES
909 NORTHERN DRIVE
LAKE PARK, FL 33403 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: ROSALYN R. COLLINS 04/30/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: COLLINS, ROSALYN R
Address: P.O. BOX 530038
City-St-Zip: LAKE PARK, FL 33403

Title: VP ( ) Delete
Name: DANIELS, JASMINE
Address: 909 NORTHERN DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: SECR ( ) Delete
Name: DELLAVOLPE, JILL
Address: 909 NORTHERN DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: TREA ( ) Delete
Name: SMITH, BRIANNA N
Address: 909 NORTHERN DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: VP ( ) Delete
Name: WILSON, DEMARCUS R
Address: 909 NORTHERN DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: VP ( ) Delete
Name: RUSSELL, CASSANDRA
Address: 9241 BIRMINGHAM DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSALYN R. COLLINS PRES 04/30/2008
Electronic Signature of Signing Officer or Director Date