2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004927

FILED Jul 21, 2010 Secretary of State

Entity Name: CORNERSTONE CAREER TRAINING ACADEMY INC

Current Principal Place of Business: New Principal Place of Business:

6630 NORTH ORANGE BLOSSOM TRAIL 6630 NORTH ORANGE BLOSSOM TRAIL

ORLANDO, FLORIDA, 32810 ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

6630 NORTH ORANGE BLOSSOM TRAIL 6630 NORTH ORANGE BLOSSOM TRAIL

ORLANDO, FLORIDA, 32810 ORLANDO, FL 32810

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIDORE, TARDIEU 4950 CLARCONA OCOEE ORLANDO, FL 32810 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

OFFICERS AND DIRECTORS:

Title:

 Name:
 RIDORE, TARDIEU

 Address:
 P.O BOX 585477

 City-St-Zip:
 ORLANDO, FL 32858

Title: VF

Name: VALENTINE, CHRISTINE DR Address: 2910 GRACE STREET City-St-Zip: APOPKA, FL 32703

Title: TR

Name: RIDORE, TED DR

Address: 6630 NORTH ORANGE BLOSSOM TRAIL

City-St-Zip: ORLANDO, FL 32810

Title: S

Name: EISSERETH, FRANDY Address: 25 ARROW HILL LANE City-St-Zip: ORLANDO, FL 32808

Title: C

Name: PIERRE-LOUIS, CLAUDLINE

Address: P.O BOX 585477 City-St-Zip: ORLANDO, FL 32858

I hereby 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 all other like empowered.

SIGNATURE: DR. CHRISTINE VALENTINE VP 07/21/2010