2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 24, 2006 8:00 am Secretary of State DOCUMENT #- N94000000585 04-24-2006 90456 006 ****61.25 CORNERSTONE CONSULTING MINISTRIES, INC. Principal Place of Business Mailing Address 10621 N. KENDALL DRIVE 10621 N. KENDALL DRIVE **STE 113** MIAMI FL 33176 **MIAMI FL 33176** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0471389 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 8035 S.W. 107TH AVE. SUITE 112 MIAMI FL 33173 Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURÉ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 מו Delete TITLE Change CASTRO, DAVID NAME NAME PO BOX 565340 P.O. BOX 160 STREET ADDRESS STREET ADDRESS FORT WHITE , FL 33142 MIAMI FL 33256 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete Change ☐ Addition TITLE TITLE HOOPER, LARRY K NAME NAME STREET ADDRESS 950 N KROME AVE SUITE 106 STREET ADDRESS 1207 SOUTH WASHINGTON AVENUE HOMESTEAD FL 33030 MARSHALL, TX 75670 CITY-ST-ZIP CITY-ST-ZIP TITLE DV ☐ [helete TITLE ☐ Change ☐ Addition MILLER, SHERRILYN NAME NAME STREET ADDRESS 11839 SW 179 TERRACE STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition CORTES, CARLOS NAME NAME STREET ADDRESS 460 CROSS CREEK TRAIL STREET ADDRESS 129 DANNY DRIVE CITY-ST-ZIP MURPHY NC 28906 CITY-ST-ZIP DP ☐ Defete ☐ Change TITLE TITLE ■ Addition MILLER, WILLIAM J NAME NAME 11839 SW 79 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-7IS Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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ent with an address, with all other like empowered va min 04/10/06 (305) 271-8054 SIGNATURE:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11