2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000239

Address:

City-St-Zip:

PALM SPRINGS, FL 33461

Jul 12, 2004 Secretary of State

Entity Name: CORNERSTONE DOJO, INC. **Current Principal Place of Business: New Principal Place of Business:** 7884 ST. ANDREWS ROAD LAKE WORTH, FL 33467 **Current Mailing Address: New Mailing Address:** 7884 ST. ANDREWS ROAD LAKE WORTH, FL 33467 FEI Number: 65-0553633 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: ROBINSON, ROY 7884 ST. ANDREWS ROAD LAKE WORTH, FL 33467 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBINSON, ROY Name: Name: Address: 7884 ST. ANDREWS ROAD Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: () Delete Title: () Change () Addition MACHEL, PATRICIA Name: Name: Address: 1320 12TH AVENUE # 2 Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: () Delete Title: () Change () Addition MACHEL, KELLY Name: Name: 3174 FOXRIDGE COURT

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

Address:

City-St-Zip:

SIGNATURE: ROY ROBINSON DIR. 07/12/2004