


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90006 018 ****61.25

DOCUMENT # N95000000239
 1. Entity Name
 CORNERSTONE DOJO, INC.



Principal Place of Business
 7884 ST. ANDREWS ROAD
 LAKE WORTH, FL 33467

Mailing Address
 7884 ST. ANDREWS ROAD
 LAKE WORTH, FL 33467

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 540808 PO BOX
 Suite, Apt. #, etc.


City & State
 City & State
 GREENACRES

Zip
 Country
 33454
 USA

6. Name and Address of Current Registered Agent
 ROBINSON, ROY
 7884 ST. ANDREWS ROAD
 LAKE WORTH, FL 33467

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

40120333



03132007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0553633 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, ROY 7884 ST. ANDREWS ROAD LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHEL, PATRICIA 1320 12TH AVENUE # 2 LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHEL, KELLY 3174 FOXRIDGE COURT PALM SPRINGS, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or be an attachment with an address, with all other like empowered.

SIGNATURE: Roy Robinson DIRECTOR 6-6-07 561-601-3156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40120333
#N9500000239

To: Division of Corporations
P.O. Box 6198
Tallahassee, Fl. 32314

06/06/07

Please accept this annual payment.

My ex wife had taken it and many of my other bills.

Please accept this as payment in full, enclosed is \$61.25

Thank you for your consideration,
Sincerely,
Roy Robinson
Cornerstone Dojo, Inc.



PRESIDENT