


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90031 008 \*\*\*150.00

<b>DOCUMENT # P00000086146</b> 1. Entity Name <b>CORNERSTONE FINANCIAL SERVICES, INC.</b>					
Principal Place of Business <b>7491 N FED HWY STE C5 BOCA RATON, FL 33487</b>			Mailing Address <b>7491 N FED HWY STE C5 BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box # <b>4851 W Hillsboro Blvd</b>		3. Mailing Address <b>4851 W Hillsboro Blvd</b>			
Suite, Apt. #, etc. <b>A-12</b>		Suite, Apt. #, etc. <b>A-12</b>			
City & State <b>Coconut Creek, Fl</b>		City & State <b>Coconut Creek, Fl</b>		4. FEI Number <b>65-1040096</b>	
Zip <b>33073</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33073</b>		Country <b>Broward</b>		6. Name and Address of Current Registered Agent <b>FREDRICKSON, DAVID 375 SEQUOIA LANE BOCA RATON, FL 33487</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>		Zip Code <b>FL</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FREDRICKSON, DAVID</b> <b>375 SEQUOIA LANE</b> <b>BOCA RATON, FL 33487</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DAVID GUENETTE, JR.</b> <b>3834 NW 63 TERRACE</b> <b>CORAL SPRINGS, FL 33067</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SEC/TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DAVID R FREDRICKSON II</b> <b>574017 ARBOR CLUB WAY</b> <b>BOCA RATON, FL 33433</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>DAVID FREDRICKSON</b> <b>4-21-07</b> <b>958-771-0930</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**ATTACHMENT**  
**ELIZABETH A. WILSMAN**  
Certified Public Accountant  
190 West Palmetto Park Road  
Boca Raton, FL 33432  
(561) 392-8612

40111093  
#00000086146

Client: CORNERSTONE FINANCIAL SERVICES, INC

Attached is your UNIFORM BUSINESS REPORT tax return  
covering the period ended 2007

## Filing Instructions

<b>To be signed &amp; dated by:</b>	<input type="checkbox"/> Taxpayer <input checked="" type="checkbox"/> Officer <input type="checkbox"/> General Partner	<input type="checkbox"/> Taxpayer & Spouse <input type="checkbox"/> Plan Sponsor & Administrator <input type="checkbox"/>
<b>Overpayment:</b>	<input type="checkbox"/> Refund <input type="checkbox"/> Overpayment credited to this year's estimated tax	
<b>Tax liability:</b>	<input type="checkbox"/> No Tax Due <input checked="" type="checkbox"/> Tax due: <u>\$150.00</u>	
<b>Make check payable to:</b>	<input type="checkbox"/> Internal Revenue Service <input type="checkbox"/> Florida Department of Revenue <input type="checkbox"/> Florida Unemployment Compensation Fund <input type="checkbox"/> Your bank, with depository coupon <input type="checkbox"/> Secretary of State <input checked="" type="checkbox"/> <b>FLORIDA DEPARTMENT OF STATE</b>	
<b>Mail:</b>	<input checked="" type="checkbox"/> Tax return & check — use enclosed envelope <input type="checkbox"/> Tax return only — use enclosed envelope <input type="checkbox"/> Check & depository coupon to your bank	
<b>Mail not later than:</b>	MAY 1, 2007	
<b>Special instructions:</b>		