2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042397

Entity Name: CORNERSTONE CONNECTION SERVICES INC

FILED Feb 27, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
22320 SW BOCA RAT	63 AVE ON, FL 33428				
Current Mailing Address:			New Mailing Address:		
22320 SW BOCA RAT	63 AVE ON, FL 33428				
FEI Number: 65-1097477 FEI Number Applied For() FE		Number Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DESENA, GEANINE 22320 SW 63 AVE BOCA RATON, FL 33428 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	
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES () D DESENA, GEANII 22320 SW 63 AV BOCA RATON, FI	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V.P. () DESENA, THOMA 22320 SW 63 AV BOCA RATON, FI	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () E DESENA, JAMES 22320 SW 63 AV BOCA RATON, FI	E	Title: Name: Address: City-St-Zip:	T (X) Change () Addition DESENA, GEANINE 22320 SW 63 AVE BOCA RATON, FL 33428 US	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition DESENA, GEANINE 22320 SW 63 AVE BOCA RATON, FL 33428	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEANINE DESENA PRES 02/27/2006