2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# P05000034404

Entity Name: CORNERSTONE BANCORP, INC.

Current Principal Place of Business:

6300 4TH STREET N
ST PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

6300 4TH STREET N
ST PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 52-2453761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARR, ROBERT L
6300 4TH STREET N
ST PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

WILLIAMSON, DIAMOND & CATON
9075 SEMINOLE BLVD
SEMINOLE, FL 33772 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: DOUGLAS WILLIAMSON 01/19/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AMLEY, EDWARD A
Address: 5753 1ST AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D (X) Delete
Name: FULMER, VICTORIA M
Address: 802 LAURIE STREET
City-St-Zip: MARYVILLE, TN 37803

Title: D (X) Delete
Name: HERETICK, KENNETH W
Address: 125 5TH STREET S
City-St-Zip: ST PETERSBURG, FL 33701

Title: D (X) Delete
Name: AMLEY, ROBERT B
Address: 5753 1ST AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D (X) Delete
Name: SMITH, RAYMOND P III
Address: 4699 110TH AVE N
City-St-Zip: ST PETERSBURG, FL 33762

Title: D (X) Delete
Name: CARR, ROBERT L
Address: 6300 4TH STREET N
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: CARR, ROBERT L
Address: 6300 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NANCY CRANE VP 01/19/2006
Electronic Signature of Signing Officer or Director Date