

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104826

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** CORNERSTONE CONSULTING GROUP, INC.

**Current Principal Place of Business:**

12864 BISCAYNE BLVD.  
SUITE 291  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

825 WILSHIRE BLVD.  
SUITE 546  
SANTA MONICA, CA 90401

**New Mailing Address:**

1930 VALLEY CENTER CIR 3-880  
#3-880  
LAS VEGAS, NV 89134

**FEI Number:** 74-3228937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TENNEY, JENNIFER M ESQ.  
606 BALD EAGLE DRIVE  
SUITE 500  
MARCO ISLAND, FL 34146 US

**Name and Address of New Registered Agent:**

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 Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ARDIZZONE, GLENN  
Address: 12864 BISCAYNE BLVD. #291  
City-St-Zip: NORTH MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** GLENN ARDIZZONE

PRES

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date