

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125412

Entity Name: CUSHION CORNER, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2150 SCOTT AVE
WEST PALM BEACH, FL 33409

Current Mailing Address:

2150 SCOTT AVE
WEST PALM BEACH, FL 33409

New Principal Place of Business:

2101 W ATLANTIC BLVD.
#110
POMPANO BEACH, FL 33069

New Mailing Address:

16159 77TH LN N
LOXAHATCHEE, FL 33470

FEI Number: 26-1455899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RINE, JAMES
2150 SCOTT AVE
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

RINE, JAMES
16159 77TH LN N
LOXAHATCHEE, FL 33470 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: JAMES RINE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RINE, JAMES
Address: 2150 SCOTT AVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPD (X) Delete
Name: BANNON, FRANK
Address: 2150 SCOTT AVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD (X) Delete
Name: BANNON, KRISTIN
Address: 2150 SCOTT AVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SD (X) Delete
Name: RINE, MELISSA
Address: 2170 SCOTT AVE
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RINE, JAMES
Address: 16159 77TH LN N
City-St-Zip: LOXAHATCHEE, FL 33470

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 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: JAMES RINE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date