

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037204

FILED
Apr 29, 2005
Secretary of State

Entity Name: CORNERSTONE WELLNESS, INC.

Current Principal Place of Business:

401 COMMERCE WAY
#109
LONGWOOD, FL 32750 US

New Principal Place of Business:

2933 WEST STATE ROAD 434
LONGWOOD, FL 32779 US

Current Mailing Address:

P O BOX 952470
LK MARY, FL 32795 US

New Mailing Address:

P O BOX 952470
LK MARY, FL 327952470 US

FEI Number: 59-3187938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOGG, SHERI A
401 COMMERCE WAY
SUITE 109
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

FOGG, SHERI A
2933 WEST STATE ROAD 434
LONGWOOD, FL 32779 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAMES MCMILLEN,
Address: 954 LONGWOOD CLUB PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: VST () Delete
Name: SHERI FOGG,
Address: 249 SHEPPARD ST
City-St-Zip: ALTAMONTE SPRGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: SHERI FOGG

V

04/29/2005

Electronic Signature of Signing Officer or Director

Date