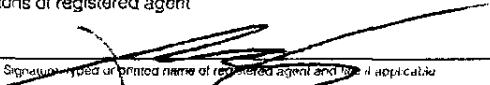


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000029765					
1. Entity Name THE CORNERSTONE GROUP OF SOUTH FLORIDA, INC.					
Principal Place of Business 5001 N. DIXIE HWY BOCA RATON FL 33431 US			Mailing Address 5001 N. DIXIE HWY BOCA RATON FL 33431 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SCHATZ, RANDEE S 220 SUNRISE AVENUE SUITE 209 PALM BEACH FL 33480				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CRAIG T. DUCKWORTH		NAME		
STREET ADDRESS	4345 SUGAR PINE DR.		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON FL		CITY- ST- ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Add
NAME	TROYAN, JOHN		NAME		
STREET ADDRESS	1019 W. ROYAL PALM RD		STREET ADDRESS		
CITY- ST- ZIP	BOCA RATON FL 33486		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0584372** Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

3/17/06
DATE

U00000493828
04/20/06-80022-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06 **561-347-244**
Date Cayman Phone #