2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State

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1. Entity Name

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CORNERSTONE DEVELOPERS, INC.



Principal Place of Business

Mailing Address

2100 TRADE CENTER WAY

NAPLES, FL 34109

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NAPLES, FL 34109 US



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3397727

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKRIVAN, KENT A 801 LAUREL OAK DRIVE SUITE 705 NAPLES, FL 34108

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SIGNATURE Signature, typed or printed name of registered agent and tale.	facolicable (MOTE Registered Agent	signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		50.00

8. 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. Lam familiar with, and accept

After May 1, 2008 Fee will be \$550.00							
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUSUMANO, PATSY 2100 TRADE CENTER WAY STE D NAPLES, FL 34109						
NAME STREET ADDRESS CITY-ST-ZIP	DV MUSAMANO, DONNA 2100 TRADE CENTER WAY STE D NAPLES, FL 34109						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUSUMANO, JEFF 2100 TRADE CENTER WAY STE D NAPLES, FL 34109						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUSUMANO, GREG 2100 TRADE CENTER WAY STE D NAPLES, FL 34109						
NAME STREET ADDRESS CITY-ST-ZIP	DV RADCLIFFE, PAUL 2100 TRADE CENTER WAY STE D NAPLES, FL 34109	W-117800.					
NAME STREET ADDRESS CITY-ST-ZIP							

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with his filing noes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue an 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 of 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 approach, with proper like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

825-6937