2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-23-2006 90004 047 ***150.00 DOCUMENT # P96000082362 CORNERSTONE CONSTRUCTION OF S.W. FLORIDA INC. 60021378 Principal Place of Business Mailing Address 5401 JAEGER RD 5401 JAEGER RD NAPLES, FL 34109 US NAPLES, FL 34109 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3402418 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUSSETTO, A. DANIEL Street Address (P.O. Box Number is Not Acceptable) 6057 HOLLOW DR. NAPLES, FL 34112 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. .. TITLE ☐ Delete ☐ Change - -- ☐ Addition TITLE NAME RUSSETTO, A. DANIEL 8416 MALLOW LN STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34113 PEZZANO, VINCENT RALM DR. VΡ ☐ Delete Change - □ Addition PEZZANO, VINCENT R NAME NAME 2323 BUTTERFLY 780 27TH ST NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34120 CITY-ST-ZIP Defete TITLE Change Addition DIPASCALE, JOSEPH NAME NAME STREET ADDRESS 3434 ANTON CT STREET ADDRESS CITY-ST-7/P NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does 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 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 time empowered.

FILED Feb 23, 2006 8:00 am