


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90288 048 ***150.00

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| DOCUMENT # P98000083134 |  |
| 1. Entity Name CORNERSTONE MANAGEMENT GROUP, INC. | |

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| Principal Place of Business 955 BOLENDER DRIVE DELRAY BEACH, FL 33483 | Mailing Address P.O. BOX 97 DELRAY BEACH, FL 33447 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 8049 Suite, Apt. #, etc. |
| City & State DELRAY BEACH, FL | City & State DELRAY BEACH, FL |
| Zip 33482 | Country USA |



04142005 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent WILSON, BEHN A. B. 955 BOLENDER DRIVE DELRAY BEACH, FL 33483 | |
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| 4. FEI Number 65-0871828 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 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 the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent as to title is applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSON, BEHN A 955 BOLENDER DRIVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Behn Wilson* **BEHN WILSON** 4/21/05 (56) 279-1850 #1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #