2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P99000049383

Entity Name: THE CORNERSTONES OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

2073 RAINIER ROAD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

1102 SW IVANHOE STREET
PORT ST. LUCIE, FL 34983

Current Mailing Address:

1910 RAINIER ROAD
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0926319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AIKENS, RINA
2073 RAINIER ROAD
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

AIKENS, RINA
1589 SW PAAR DRIVE
PORT ST. LUCIE, FL 34953 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: RINA AIKENS 04/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AIKENS, RINA
Address: 1910 RAINIER ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP ( ) Delete
Name: ABSALOM, KENMORE
Address: 1910 RAINIER ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S/T ( ) Delete
Name: LESALDO, DAWNMARIE
Address: 1910 RAINIER ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: I (X) Change ( ) Addition
Name: AIKENS, RINA
Address: 1910 RAINIER ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34952

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 exemption stated 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 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: DAWNMARIE LESALDO S/T 04/17/2009
Electronic Signature of Signing Officer or Director Date