

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061667

FILED
Jan 29, 2009
Secretary of State

Entity Name: CORNERSTONE LENDING GROUP, INC.

Current Principal Place of Business:

2050 PROCTOR RD.
SUITE C
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2050 PROCTOR RD.
SUITE C
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0934140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOOLEY, WILLIAM A
1432 FIRST ST
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: KNIGHT, TOM A
Address: 5751 SADDLE OAK TRAIL
City-St-Zip: SARASOTA, FL 34241

Title: DVS () Delete
Name: DEBROSSE, THOMAS J
Address: 2826 BENTLEY STREET
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: CROWLEY, DANIEL
Address: 4881 CEDAR OAK WAY
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TOM A. KNIGHT

DPT

01/29/2009

Electronic Signature of Signing Officer or Director

_____ Date