## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED ANNUAL REPORT** Mar 24, 2008 08:00 A DOCUMENT # F03000002595 **Secretary of State** PACIFIC CORNERSTONE CAPITAL, INC. Principal Place of Business Mailing Address 1920 MAIN ST. 1920 MAIN ST. #400 #400 IRVINE, CA 92614 IRVINE, CA 92614 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-0683806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CAPITAL CONNECTION, INC. 417 EAST VIRGINIA STREET, SUITE 1 TALLAHASSEE, FL 32301 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UDDDDDD889051 $\Box$ After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 04/09/08-80033-021 150.00 10. OFFICERS AND DIRECTORS PTD TITLE ROUSSEL, TERRY G NAME 1920 MAIN ST., SUITE 400 STREET ADDRESS **IRVINE, CA 92614** CITY-ST-ZIP TITLE PIZZURO, ALFRED J 1920 MAIN ST., SUITE 400 STREET ADDRESS CITY-ST-ZIP **IRVINE, CA 92614** TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Roussel

12. 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 like empowered.

3-17-08

(949) 852-1007