


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90129 035 ***150.00

DOCUMENT # P01000050122


1. Entity Name
 CUTS PLUS, INC.



Principal Place of Business
 5505 NORTH OCEAN BLVD., #2-202
 OCEAN RIDGE, FL 33435

Mailing Address
 5505 NORTH OCEAN BLVD., #2-202
 OCEAN RIDGE, FL 33435

DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1105922	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GRAHAM, JAMES
 5505 NORTH OCEAN BLVD., #2-202
 OCEAN RIDGE, FL 33435

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! - FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, JAMES 5505 NORTH OCEAN BLVD., #2-202 OCEAN RIDGE, FL 33435
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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: JAMES W. GRAHAM APRIL 14, 2005 561-732-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40065966

Please change mailing
address to:

ATTACHMENT

James W. Graham #P01000050122

126 W. Brynton Bch Blvd.

Brynton Bch, Fla.

33435