

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 15, 2006  
Secretary of State**

DOCUMENT# P01000050122

Entity Name: CUTS PLUS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

126 W. BOYNTON BEACH BLVD.  
BOYTON BEACH, FL 33435

**Current Mailing Address:**

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

**New Mailing Address:**

856 SUNNY SOUTH AVENUE  
BOYTON BEACH, FL 33436

FEI Number: 65-1105922      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GRAHAM, JAMES  
856 SUNNY SOUTH AVENUE  
BOYTON BEACH, FL 33436      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: JAMES GRAHAM      09/15/2006  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: GRAHAM, JAMES  
Address: 856 SUNNY S AVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: GRAHAM, JAMES  
Address: 856 SUNNY S AVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP      ( ) Change (X) Addition  
Name: GRAHAM, LUCY  
Address: 856 SUNNY SOUTH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP      ( ) Change (X) Addition  
Name: GIDDENS, TROY  
Address: 218 SW 7TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S      ( ) Change (X) Addition  
Name: GIDDENS, JENNIFER  
Address: 218 SW 7TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES GRAHAM      P      09/15/2006  
Electronic Signature of Signing Officer or Director      Date