## 2008 FOR PROFIT CORPORATION

## FILED Apr 01, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Api 01, 2000 00.0		
DOCU	MENT # P020000883	61		Se	cretary of Sta	
1. Entity Name     ULTRACUTS OF AMERICA, INC.				:		
DETITAL	OTO OF AMERICA, INC.					
Principal Plac	ce of Business	Mailing Address				
17516 PRES TAMPA, FL	SERVE WALK LN 33647	P.O. BOX 47135 TAMPA, FL 33647		,		
(Nim A) I L	55017	TARRY, LE 330-77			#1 (\$10) (#160 (((# <b>2 0</b> ))\$) (#1 <b>10)</b> (1 1 <b>10)</b>	
<del></del>						
DO NOT WRITE IN THIS SPACE				No Ob - D	DD0E024 (44/05)	
			CE		CR2E034 (11/05)	
	O NOT WINTE	IN THIS STA	OL .	4. FEI Number 82-0559195	Applied For Not Applicable	
:					\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent		. 4	rea Required	
YOUNG, ERIC 17516 PRESERVE WALK LN			,	DO NOT WO	E ville him	
				DO NOT WR		
TAMPA, F	L 33647		,	IN THIS SPA	CE	
	named entity submits this statement for the	ne purpose of changing its register	ed office or registe	red agent, or both, in the State of Florida	. I am familiar with, and accept	
ine obligat	nons of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and	ittle if applicable (NOTE: Registere	ed Agent signature require	d when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Finant Trust Fund Contribution.				i. <b>00</b> May Be U000008 ded to Fees 04/11/08-8	776565 30079-004 150.00	
Aiter may 1, 2000 Fee will be 4000.00			LI Add	ded to Pees Unit 221 22		
10.	OFFICERS AND DI	RECTORS	•	6	•	
NAME	YOUNG, ERIC		•	$\mathcal{E}_{i} = \{ \mathbf{e}_{i} \in \mathbf{e}_{i} \mid i \in \mathcal{E}_{i} \}$		
STREET ADORESS CITY-ST-ZIP	17516 PRESERVE WALK LN TAMPA, FL 33647		-1			
TITLE	,					
NAME STREET ADDRESS					•	
CITY-ST-ZIP			,		e, '	
TITLE NAME				1 (	e e	
STREET ADDRESS		•		DO NOT WR		
CITY-ST-ZIP		·	-[			
NAME			, 1 ,	IN THIS SPA	ICE	
STREET ADORESS CITY-ST-ZIP			,			
TITLE			-1		•	
NAME STREET ADDRESS			* *	, ,		
CITY-ST-ZIP				or and an area		
TITLE	****		,			
STREET ADDRESS				•		

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.

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLB Front

727-409-3436

Daytime Phone #