2007 FOR PROFIT CORPORATION

SIGNATURE:

ANNUAL REPORT Apr 23, 2007 08:00 A Po Secretary of State **DOCUMENT # H49935** 1. Entity Name CUTLER RIDGE WATCH & JEWELRY REPAIR, INC. Principal Place of Business Mailing Address 9839 SW 184 ST. P 0 BOX 570674 MIAMI, FL 33157 MIAMI, FL 33257 US CR2E034 (11/05) 01222007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2514133 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUNSEY, DANA DO NOT WRITE 9839 S.W. 184 STREET MIAMI, FL 33157 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 DATE 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 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MUNSEY, DANA J. 600 NE 36TH ST STE 1708 STREET ADDRESS CITY-ST-ZIP MIAMI, FL THLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS U000000722813 CITY-ST-ZIP 0S/02/07-80047-013 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP -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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #