
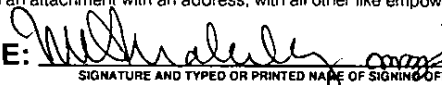


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90054 044 ***158.75

DOCUMENT # H81234 1. Entity Name MASTERCUT TOOL CORP.					
Principal Place of Business 965 HARBOR LAKE DR PO BOX 902 SAFETY HARBOUR, FL 34695			Mailing Address 965 HARBOR LAKE DR PO BOX 902 SAFETY HARBOUR, FL 34695		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2587199	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHALULY, MICHAEL A. 2499 MEANDER LANE SAFETY HARBOUR, FL 34695				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHALULY, MICHAEL A.		NAME		
STREET ADDRESS	2499 MEANDER LANE		STREET ADDRESS		
CITY - ST - ZIP	SAFETY HARBOR, FL 34695		CITY - ST - ZIP		
TITLE	V/S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULULY, MARIE T		NAME		
STREET ADDRESS	2499 MEADER LANE		STREET ADDRESS		
CITY - ST - ZIP	SAFETY HARBOR, FL 34695		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			02/14/05 727-226-5336		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT**Division of Corporations**

40070307

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	H81234
Business Entity Name	MASTERCUT TOOL CORP.
Original File Date	10/16/1985

FEI Number 59-2587199
Principal Address 965 HARBOR LAKE DR
PO BOX 902
SAFETY HARBOUR, FL 34695

Mailing Address 965 HARBOR LAKE DR
PO BOX 902
SAFETY HARBOUR, FL 34695

Registered Agent SHALULY, MICHAEL A.
2499 MEANDER LANE
SAFETY HARBOUR, FL 34695 US

Officer/Director Name And Address

P
SHALULY, MICHAEL A.
2499 MEANDER LANE
SAFETY HARBOR, FL 34695

V/S
MARIE T SHULULY
2499 MEADER LANE
SAFETY HARBOR, FL 34695

If all of the above information is correct. If you need to make changes to
and you do not wish to make any the above information, please
changes, please select: select: