2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# H81234

Entity Name: MASTERCUT TOOL CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

965 HARBOR LAKE DR
SAFETY HARBOUR, FL 34695

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2587199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHALULY, MICHAEL A.,
Address: 2499 MEANDER LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V/S ( ) Delete
Name: SHULULY, MARIE T
Address: 2499 MEADER LANE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIE SHALULY VP 01/13/2009

Electronic Signature of Signing Officer or Director — Date