2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J69445

Entity Name: CUTZGRAS, INC.

FILED Jan 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% DENNIS JONTOS 1424 ACHILLES ST PORT CHARLOTTE, FL 33980

Current Mailing Address: New Mailing Address:

% DENNIS JONTOS 1424 ACHILLES ST PORT CHARLOTTE, FL 33980

FEI Number: 59-2804884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JONTOS, MARK 1424 ACHILLES ST PORT CHARLOTTE, FL 33980 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.

III the State of Florida

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCOP () Delete Title: DCOP (X) Change () Addition Name: JONTOS, DENNIS, Name: JONTOS, DENNIS, Address: 1424 ACHILLES ST 1424 ACHILLES ST

City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DCOP () Delete Title: DCOP (X) Change () Addition

 Name:
 JONTOS, PATRICIA,
 Name:
 JONTOS, PATRICIA,

 Address:
 1424 ACHILLES ST
 1424 ACHILLES ST

 City-St-Zip:
 PORT CHARLOTTE, FL
 City-St-Zip:
 PORT CHARLOTTE, FL

Title: DCOP () Delete Title: DCOP (X) Change () Addition Name: JONTOS, MARK Name: JONTOS, MARK

Name: JONTOS, MARK Name: JONTOS, MARK
Address: 1424 ACHILLES ST Address: 1424 ACHILLES ST

City-St-Zip: PORT CHARLOTTE, FL City-St-Zip: PORT CHARLOTTE, FL 33980

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: MARK JONTOS PRES 01/31/2009