2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K79167

1. Entity Name
CUTTING EDGE HAIR DESIGNERS, INC.

Principal Place of Business	Mailing Address
141 N. ORLANDO AVE COCOA BEACH, FL 32931	141 N. ORLANDO AVE COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2943645	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, JOHN CURTIS
~~1203 DUKE WAY~~ *1575 CArmen ST.*
~~COCOA, FL 32922~~ *Merritt Island, Fl 32952*

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i n the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LONG, CURTIS
STREET ADDRESS	~~1203 DUKE WAY~~ *1575 CArmen st.*
CITY-ST-ZIP	~~COCOA, FL 32922~~ *Merritt Island Fl 32952*

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statut es. 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; an d 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: _____, Pres. 1/24/06 (321) 783-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #