2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99739

Entity Name: CUTS & STYLES FOR MEN, INC.

FILED Apr 26, 2007 Secretary of State

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

7350 N. LOCKWOOD RIDGE ROAD

311 HERITAGE ISLES WAY
SARASOTA, FL 34243 US

BRADENTON, FL 34212 US

Current Mailing Address: New Mailing Address:

7350 N. LOCKWOOD RIDGE ROAD 311 HERITAGE ISLES WAY SARASOTA, FL 34243 US BRADENTON, FL 34212 US

FEI Number: 65-0217860 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:

GIALLOMBARDO, VICKIE S
7350 N. LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243 US
GIALLOMBARDO, VICKIE S
311 HERITAGE ISLES WAY
BRADENTON, FL 34212 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.

SIGNATURE: 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIALLOMBARDO, CHARLE, S V

Address: 7350 N. LOCKWOOD RIDGE ROAD City-St-Zip: SARASOTA, FL 34243 US

Title: SD () Delete
Name: GIALLOMBARDO, VICKIE, S
Address: 7350 N. LOCKWOOD RIDGE ROAD

City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GIALLOMBARDO, CHARLE, S V
Address: 311 HERITAGE ISLES WAY
City-St-Zip: BRADENTON, FL 34212 US

Title: SD (X) Change () Addition
Name: GIALLOMBARDO, VICKIE, S
Address: 311 HERITAGE ISLES WAY
City-St-Zip: BRADENTON, FL 34212 US

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: VICKIE S. GIALLOMBARDO SD 04/26/2007