2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # P0000004494 04-17-2008 90022 014 ***150.00 1. Entity Name UPPER CUTS OF ORLANDO, INC. Principal Place of Business Mailing Address 8885 W. COLONIAL DR. 8885 W. COLONIAL DR. OCOEE, FL 34761 OCOEE, FL 34761 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc 02252008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3626204 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRYL, LILLIAN 1118 CRESTWOOD COMMONS AVE. Street Address (P.O. Box Number is Not Acceptable) OCOEE, FL 34761 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition SMITH, MARY ANN NAME NAME STREET ADDRESS 804 RIO A1A MANO DRIVE STREET ADDRESS CITY-ST-7IP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition GRYL, LILLIAN NAME NAME STREET ADDRESS 1118 CRESTWOOD COMMONS STREET ADDRESS OCOEE, FL 34761 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP-CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ental 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 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 12. Thereby certify that the information indicated on this report or supple of the corporation or the receiver trustee empowered to execute this report as read address, with all other like empowered. changed, or on an attachment

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