
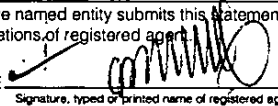



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90251 027 \*\*\*150.00

**60002874**

<b>DOCUMENT # P01000004915</b>			
1. Entity Name LETY'S CUTS UNISEX INC.			
Principal Place of Business 3624 DEL PRADO BLVD., S CAPE CORAL, FL 33904		Mailing Address 3624 DEL PRADO BLVD., S CAPE CORAL, FL 33904	
2. Principal Place of Business 781 Ilene Rd E Suite, Apt. #, etc.		3. Mailing Address 781 Ilene Rd E Suite, Apt. #, etc.	
City & State West Palm Beach FL		City & State West Palm Beh FL	
4. FEI Number 65-1067981		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMERON, NANCY 3624 DEL PRADO BLVD. CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name: Juan J. Real Street Address (P.O. Box Number is Not Acceptable): 781 Ilene Rd E City: West Palm Beach, FL Zip Code: 33415	
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: 		president 1/10/06 DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REAL, JUAN J 781 ILENE RD. E. WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		president 1/10/06 561-712-1696 Date Daytime Phone #	