2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P01000050122

Entity Name: CUTS PLUS, INC.

Current Principal Place of Business:

126 W. BOYNTON BEACH BLVD.
BOYTON BEACH, FL 33435

New Principal Place of Business:

126 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33435

Current Mailing Address:

856 SUNNY SOUTH AVENUE
BOYTON BEACH, FL 33436

New Mailing Address:

856 SUNNY SOUTH AVENUE
BOYNTON BEACH, FL 33436

FEI Number: 65-1105922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, JAMES
856 SUNNY SOUTH AVENUE
BOYTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

GRAHAM, JAMES
856 SUNNY SOUTH AVENUE
BOYNTON BEACH, FL 33436 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: 04/13/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GRAHAM, JAMES
Address: 856 SUNNY S AVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP ( ) Delete
Name: GRAHAM, LUCY
Address: 856 SUNNY SOUTH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP ( ) Delete
Name: GIDDENS, TROY
Address: 218 SW 7TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S ( ) Delete
Name: GIDDENS, JENNIFER
Address: 218 SW 7TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GRAHAM, LUCY VP 04/13/2009
Electronic Signature of Signing Officer or Director — Date