FILED 2007 FOR PROFIT CORPORATION ANNUAL REPORT Jan 17, 2007 08:00 AM **Secretary of State DOCUMENT # P03000076724** A CUT ABOVE FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 11000 FT GEORGE ROAD 11000 FT GEORGE ROAD FT GEORGE ISLAND, FL 32226 FT GEORGE ISLAND, FL 32226 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 14-1890019 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STINSON, PHYLLIS 11000 FT GEORGE ROAD FT GEORGE ISLAND, FL 32226 IN THIS SPACE 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution.

After May 1, 2007 Fee will be \$550.00

OFFICERS AND DIRECTORS 10. TITLE **PSD** STINSON, PHYLLIS NAME 11000 FT GEORGE ROAD STREET ADDRESS FT GEORGE ISLAND, FL 32226 CITY-ST-ZIP TITLE STINSON, CHARLES 11000 FT GEORGE ROAD STREET ADDRESS FT GEORGE ISLAND, FL 32226 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

01/17/07-80064-011-150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP