

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State


04-19-2007 90390 001 *****8.75
04-19-2007 90390 002 ***150.00

00010433



EIN 72-570239

1st MOORE CR2E034 (10/06)

DOCUMENT # P03000090185					
1. Entity Name CUTN'LINE, INC.					
Principal Place of Business 7027 W. BROWARD BLVD., STE. #263 PLANTATION FL 33317			Mailing Address 4316 N.W. 2ND ST. PLANTATION FL 33317		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 72-570239 APPLIED FOR	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITLER, DAVID 4816 NW 2 ST PLANTATION FL 33317 <i>Whitler David</i> <i>4316 NW 2 St</i> <i>Plantation FL 33317</i>			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when filing this statement) DATE <i>5/17/07</i>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PTSC <input type="checkbox"/> Delete				
NAME	WHITLER, DAVID				
STREET ADDRESS	4316 N.W. 2ND STREET				
CITY- ST- ZIP	PLANTATION FL 33317				
TITLE	<i>President: DAVID WHITLER</i> <input type="checkbox"/> Delete				
NAME	<i>4316 NW 2 St</i>				
STREET ADDRESS	<i>Plantation FL 33317</i>				
CITY- ST- ZIP					
TITLE	<i>Treasurer: DAVID WHITLER</i> <input type="checkbox"/> Delete				
NAME	<i>4316 NW 2 St</i>				
STREET ADDRESS	<i>Plantation FL 33317</i>				
CITY- ST- ZIP					
TITLE	<i>Secretary: DAVID WHITLER</i> <input type="checkbox"/> Delete				
NAME	<i>4316 NW 2 St</i>				
STREET ADDRESS	<i>Plantation FL 33317</i>				
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <i>[Signature]</i> DATE <i>5/17/07</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

66016495
P03000096185 253



Internal
Revenue
Service

**Employer Identification
Number (EIN) Cover Sheet**

Date
August 25, 2003

No. of pages (including
this one) 1

Philadelphia Accounts Management Center (PAMC)
FROM MS. WARD ID # 0533829753

To : DAVID WHITTER: PRESIDENT OF
CORPORATION

Fax 954-791-8866

ATTENTION

Name of Entity CUTN' LINE, INC.
EIN 72-1570239

Name of Entity

EIN

This coversheet is used as verification of the requested EIN. For any questions regarding the application for Employer Identification Number (SS-4) use the above toll-free number, all other non-related question, please contact 800-829-1040

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent responsible for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication via fax at the number given above. Thank you.