


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90051 038 \*\*\*150.00

DOCUMENT # P03000146974		
1. Entity Name KRAZY KUTS, INC.		

Principal Place of Business 12393 SHERIDAN ST. COOPER CITY, FL 33026	Mailing Address 12393 SHERIDAN ST. COOPER CITY, FL 33026
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2. Principal Place of Business - No P.O. Box # 11010 PEMBROKE RD Suite, Apt. #, etc.	3. Mailing Address 11010 PEMBROKE RD Suite, Apt. #, etc.
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City & State MIRAMAR FL	City & State MIRAMAR FL
Zip 33025-1704	Zip 33025-1704
Country	Country

04172007 Chg-P CR2E034 (12/06)

4. FEI Number 26-0075993	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DOUGLAS, DERRICK 12393 SHERIDAN ST. COOPER CITY, FL 33026	
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7. Name and Address of New Registered Agent Name DOUGLAS, DERRICK Street Address (P.O. Box Number is Not Acceptable) 11010 PEMBROKE ROAD City MIRAMAR FL Zip Code 33025	
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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 DERRICK DOUGLAS	(NOTE: Registered Agent signature required when re-appointing)	DATE 4/10/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P DOUGLAS, DERRICK 16323 NW 19TH ST. PEMBROKE PINES, FL 33028 <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	DVP DOUGLAS, VONNETTE F 16323 NW 19 ST HOLLYWOOD, FL 33028 <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	COD DOUGLAS, CHRISTOPHER 12393 SHERIDAN CT COOPER CITY, FL 33026 <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
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: DERRICK DOUGLAS	DATE: 4/10/07 (954) 455-5979