

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000350

Entity Name: SHARPCUTS, INC.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

C/O SILVA @ HOUND EARS CLUB
P.O. BOX 188
BLOWING ROCK, NC 28605

New Principal Place of Business:

C/O SILVA @ HOUND EARS CLUB
CHERRY STREET
BLOWING ROCK, NC 28605

Current Mailing Address:

C/O SILVA @ HOUND EARS CLUB
P.O. BOX 188
BLOWING ROCK, NC 28605

New Mailing Address:

FEI Number: 20-0556841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARDLAW, PA, STUART C
2929 E. COMMERCIAL BLVD.
SUITE 501
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SILVA, KENNETH A
Address: P.O. BOX 188
City-St-Zip: BLOWING ROCK, NC 28605

Title: D () Delete
Name: SILVA, NINA J
Address: P.O. BOX 188
City-St-Zip: BLOWING ROCK, NC 28605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NINA SILVA

D

04/28/2007

Electronic Signature of Signing Officer or Director

Date