

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000033582

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** THE CUTTING EDGE HAIR DESIGN, INC.

**Current Principal Place of Business:**

10661 EAST COLONIAL DRIVE  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

350 GOLF BROOK CIRCLE APT 104  
LONGWOOD, FL 32779

**New Mailing Address:**

519 TERRACEVIEW COVE  
107  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 20-2453350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, TERRELL  
350 GOLF BROOK CIRCLE APT 104  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

COLLINS, TERRELL  
519 TERRACEVIEW COVE  
107  
ALTAMONTE SPRINGS, FL 32714 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:

05/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLLINS, TERRELL  
Address: 519 TERRACEVIEW COVE #107  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: TERRELL COLLINS

PRES

05/01/2011

Electronic Signature of Signing Officer or Director

Date