


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90007 050 \*\*\*150.00

<b>DOCUMENT # P05000054232</b> 1. Entity Name <b>THE FINAL CUT, INC.</b>																																											
Principal Place of Business 48 NE 2ND AVE. DEERFIELD BEACH, FL 33441		Mailing Address 48 NE 2ND AVE. DEERFIELD BEACH, FL 33441																																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>THE FINAL CUT, INC.</b> <b>PO BOX 272950</b> <b>BOCA RATON FLORIDA</b> City & State <b>33427-2950</b> Zip <b>USA</b> Country																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																									
City & State		City & State																																									
Zip	Country	Zip	Country																																								
4. FEI Number <b>20-2676580</b>		Applied For <input type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																									
6. Name and Address of Current Registered Agent  <b>SOWARD, ALEXI A</b> <b>1581 SW 16TH ST</b> <b>BOCA RATON, FL 33486</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 reinstating) DATE _____																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P. SOWARD, ALEXI A</b>  <b>1581 SW 16TH ST</b>  <b>BOCA RATON, FL 33486</b> </td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. SOWARD, ALEXI A</b> <b>1581 SW 16TH ST</b> <b>BOCA RATON, FL 33486</b>	Delete <input type="checkbox"/>																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <u><i>Alexi Soward</i></u> <u>President</u> <u>2/15/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																											