## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2007 08:00 AN Secretary of State

DOCUMENT # P05000074249  1. Entity Name RUFF CUTS, INC.	Secretary of Sta
Principal Place of Business Mailing Address 502 36TH STREET WEST 502 36TH STREET WEST BRADENTON, FL 34205 BRADENTON, FL 34205	
DO NOT WRITE IN THIS SPACE	01182007 No Chg-P CR2E034 (11/05)
OSER, WILLIAMS S 502 36TH STREET WEST BRADENTON, FL 34205	DO NOT WRITE IN THIS SPACE
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  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10. OFFICERS AND DIRECTORS  DILE NAME OSER, WILLIAMS S STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205  TITLE NAME STREET ADDRESS	U00000594193 - 01/22/07-80062-008 150.00
CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP  TULE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE  104ME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exe	mptions contained in Chapter 119, Florida Statutes. I further certify that the information
12. Thereby certify that the information supplies with limit globes this quality of the excitation of this seport or suppliermental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Date	