2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P05000089384 1. Entity Name CUT N' LOOSE, INC.					05-01-2006 9	90416 034 ***158	3.75
Corre	·						
Principal Place		lailing Address -		-	176791		
2580 NE INDIAN RIVER DR 2580 NE INDIAN RIVER DI JENSEN BEACH, FL 34957-5623 JENSEN BEACH, FL 3495				400	1100ar		
2. Principal Place of Business +3. Malling Address			ME				
	EINDIN RIVE dr. 15	CARRENC	<u>le</u>				
Jen4NBch. Fl. (5203)				04032006	Chg-P	CR2E034 (11/05)	
City & State		City & State PORT ST LUC	E FI	4. FEI Number 59 - 38	9580°	——————————————————————————————————————	pplied For ot Applicable
7495	2 Country 3	Zip 24952	STLUCIE	5. Certificate	of Status Desired	\$8.75 Add	fitional d
	6. Name and Address of Current Regis	stered Agent — — —	Name	— -7Name and	Address of New Re	egistered Agent	
	RE, CHERYL		Name He	ess (P.O. Box Number	EYERE	AD	t. ,
1518 SE ROYAL GREEN CIRCLE J203			1518	SE ROYA	Green	Cicle (Ja	03)
PORTST	LUCIE, FL 34952		City		<u> </u>	Zin Cod	
The above named entity submits this statement for the number of changing its received.			1000	ST. LUCIE		FL 399	and accept
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 printing name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees			
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Trust Fund Contrib			CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filling 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: Chey Deller Chey DE MEYERE 4-10-06 713-305-0802