

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031851

FILED
Feb 03, 2008
Secretary of State

Entity Name: ALL CUTS INTERNATIONAL SALON, INC.

Current Principal Place of Business:

1447 MAYPORT RD.
SUITE 4
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1447 MAYPORT RD.
SUITE 4
ATLANTIC BEACH, FL 32233

New Mailing Address:

PO BOX 330424
ATLANTIC BEACH, FL 32233

FEI Number: 20-4419090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWEN, EVA
2110 ST MARTIN STREET W
JACKSONVILLE, FL 32246 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: P () Delete
Name: STRENGE, THOMAS
Address: 443 PEREGRINE COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: BOWEN, EVA
Address: 2110 ST MARTIN STREET W
City-St-Zip: JACKSONVILLE, FL 32246

Title: S () Delete
Name: FULKERSON, JANE
Address: 443 PEREGRINE COURT
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STRENGE, THOMAS
Address: 12348 RUXTON GREEN LN
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP (X) Change () Addition
Name: BOWEN, EVA
Address: PO BOX 330424
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S (X) Change () Addition
Name: VAZQUEZ, KARENINA
Address: 1615 RICHARDSON LN
City-St-Zip: ATLANTIC BEACH, FL 32233

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: EVA BOWEN

VP

02/03/2008

Electronic Signature of Signing Officer or Director

_____ Date