
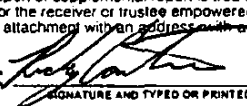


2007 FOR PROFIT CORPORATION ANNUAL REPORT

3. **FILED**
Mar 30, 2007 8:00 am
Secretary of State

03-14-2007 90027 036 ***150.00

DOCUMENT # P06000084394 1. Entity Name R-CUTS ENTERPRISES, INC					
Principal Place of Business 7313 ABONADO ROAD TAMPA, FL 33615				Mailing Address 7313 ABONADO ROAD TAMPA, FL 33615	
2. Principal Place of Business - No P.O. Box # 2002 E Fletcher Ave		3. Mailing Address 2002 E Fletcher Ave			
Suite, Apt. #, etc. Suite C		Suite, Apt. #, etc. TAMPA, FL			
City & State TAMPA, FL 33612		City & State TAMPA, FL			
Zip 33612	Country	Zip 33612	Country		
6. Name and Address of Current Registered Agent CARTER, RICKY 7313 ABONADO ROAD TAMPA, FL 33615				7. Name and Address of New Registered Agent Name Ricky Carter Street Address (P.O. Box Number is Not Acceptable) 2002 E Fletcher Ave TAMPA, FL City FL Zip Code 33612	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
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. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARTER, RICKY 7313 ABONADO ROAD TAMPA, FL 33615 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Ricky Carter 03/30/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					