

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000003818

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: DIS-CUTS FAMILY SALON ONE, INC.

## Current Principal Place of Business:

3831 W. VINE STREET  
KISSIMMEE, FL 34741

## New Principal Place of Business:

3831 W. VINE STREET  
SUITE #8  
KISSIMMEE, FL 34741

## Current Mailing Address:

3831 W. VINE STREET  
KISSIMMEE, FL 34741

## New Mailing Address:

3831 W. VINE STREET  
SUITE #8  
KISSIMMEE, FL 34741

FEI Number: 59-3289806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KHALIL, JABREE  
1902 ELLERY LANE  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

KHALIL, JABREE  
3831 W. VINE ST.  
SUITE #8  
KISSIMMEE, FL 34741 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KHALIL, JABREE  
Address: 1902 ELLERY LANE  
City-St-Zip: KISSIMMEE, FL 34741

Title: D ( ) Delete  
Name: KHALIL, STEVE  
Address: 1902 ELLERY LANE  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KHALIL, JABREE  
Address: 3831 W. VINE ST. SUITE #8  
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Change ( ) Addition  
Name: KHALIL, STEVE  
Address: 2931 CLIPPER COVE LANE APT. #202  
City-St-Zip: KISSIMMEE, FL 34741

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: JABRE KHALIL

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date