


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000106619 1. Entity Name CUTICLES INC.	
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Principal Place of Business 720 N HWY A1A INDIALANTIC, FL 32903	Mailing Address 720 N HWY A1A INDIALANTIC, FL 32903
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**DO NOT WRITE IN THIS SPACE**



04072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3488318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GLIONNA, FAITH R  
605 CITRUS CT  
MELBOURNE BEACH, FL 32951

**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: *Faith R Glionna* DATE: 4-16-07

Signature, typed or printed name of registered agent and state 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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLIONNA, FAITH R 605 CITRUS COURT MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLIONNA, DAVID A 605 CITRUS COURT MELBOURNE BEACH, FL 32951
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05/30/07-80037-017 150.00

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: *Faith R Glionna* Date: 4-16-07 Daytime Phone #: 321 432 9388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #