

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106619

Entity Name: CUTICLES INC.

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

720 N HWY A1A  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

720 N HWY A1A  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 59-3488318      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GLIONNA, FAITH R  
605 CITRUS CT  
MELBOURNE BEACH, FL 32951      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: GLIONNA, FAITH R  
Address: 605 CITRUS COURT  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP ( ) Delete  
Name: GLIONNA, DAVID A  
Address: 605 CITRUS COURT  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FAITH RUOCCO GLIONNA

P

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date