

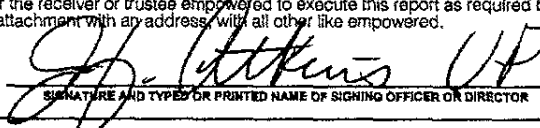


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P98000103138</b> 1. Entity Name CLASSIC CUTS PLUS, INC.			
Principal Place of Business 751 S.W. 49TH TERRACE MARGATE, FL 33068		Mailing Address 751 S.W. 49TH TERRACE MARGATE, FL 33068	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04142008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0879307 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ATKINS, WILLIAM E 751 S.W. 49TH TERRACE MARGATE, FL 33068		<b>DO NOT WRITE IN THIS SPACE</b>	
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P ATKINS, WILLIAM E 751 SW 49TH TER MARGATE, FL 33068	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VP ATKINS, JANICE S 751 SW 49TH TERR. MARGATE, FL 33068	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		4/25/06 954-822-0043	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	