2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P99000099410 04-30-2007 90837 013 ***150.00 DESIGN CUTS II, INC. 40093013 Principal Place of Business Mailing Address 1425 TUSCAWILLA ROAD 1221 EAST ROBINSON STREET #157 ORLANDO, FL 32801 WINTER SPRINGS, FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142007 Chg-P CR2E034 (12/06) 434 105 E. SA Applied For City & State City & State 4. FEI Number WINTER 59-3607647 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FONG, DAVID Street Address (P.O. Box Number is Not Acceptable) 1221 EAST ROBINSON STREET ORLANDO, FL 32801 105 E. 434 SR WINTER Zip Code 3 > **7-08** SPRINGS 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. Signature, typed or printed name of registered agent and title if applicable DATE (MOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Delete Addition TITLE DANG, QUYEN NAME MAME 3201 ALBIN LANE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32817 CITY-ST-ZIP CiTY-\$T-ZIP TITLE VP ☐ Delete TITLE ☐ Change ☐ Addition DANG, DANNY NAME NAME STREET ACCRESS 3201 ALBIN LANE STREET ADDRESS ORLANDO, FL. 32817 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oclete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attackment with an address with all other like empowered.

DANNY DANG

E OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #