2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 16, 2006 08:00 AM DOCUMENT # S28435 **Secretary of State** t. Entity Name KC CUTS, INC. Principal Place of Business Mailing Address 114 MAYFAIR LN **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0247313 Not Applicab Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOSTER, KATHRYN C Street Address (P.D. Box Number is Not Acceptable) 114 MAYFAIR **BOYNTON BEACH FL 33426** City Zip Code 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 tamiliar with, and accerthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent arguature required when remaining) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Add"" NAME FOSTER, K.C. NAME U00000463213 /25/06-80020-007 150.00 STREET ADDRESS 114 MAYFAIR LN STREET ADDRESS CITY-SI-ZO BOYNTON BEACH FL 33426-8130 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Chance NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP THE ☐ Detete TITLE Change □ 86 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7/P TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP 7171 E ☐ Delete TATLE Change □ AC NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 if changed, or on an attachment with an address, with all other like empowered.

FILED

3.13-06 561.968-5287