



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                           |                                                                     |                        |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------|---------------------------------------------------------------------|------------------------|---------------------|
| 1. Corporate ID No.<br>127035                                                                                                                              |             | 2. Name of Corporation<br>Von Curtis Inc. |                                                                     |                        |                     |
| 3. Street Address Principal Business Office<br>1226 West South Jordan Parkway                                                                              |             |                                           | City<br>South Jordan                                                | State<br>UT            | Zip<br>84095        |
| 4. Business Phone No.<br>801-302-8801                                                                                                                      |             | 5. State of Incorporation<br>Utah         |                                                                     |                        |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Cosmetology School                                                          |             |                                           |                                                                     |                        |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                           |                                                                     |                        |                     |
| President Name<br>Winn Claybaugh                                                                                                                           |             |                                           | Vice President Name<br>None                                         |                        |                     |
| Street Address<br>c/o 1226 West South Jordan Parkway                                                                                                       |             |                                           | Street Address                                                      |                        |                     |
| City<br>South Jordan                                                                                                                                       | State<br>UT | Zip<br>84095                              | City                                                                | State                  | Zip                 |
| Secretary Name<br>Jeanne Claybaugh                                                                                                                         |             |                                           | Treasurer Name<br>Jeanne Claybaugh                                  |                        |                     |
| Street Address<br>c/o 1226 West South Jordan Parkway                                                                                                       |             |                                           | Street Address<br>c/o 1226 West South Jordan Parkway                |                        |                     |
| City<br>South Jordan                                                                                                                                       | State<br>UT | Zip<br>84095                              | City<br>South Jordan                                                | State<br>UT            | Zip<br>84095        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                           |                                                                     |                        |                     |
| Director Name<br>Winn Claybaugh                                                                                                                            |             |                                           | Director Name<br>None                                               |                        |                     |
| Street Address<br>c/o 1226 West South Jordan Parkway                                                                                                       |             |                                           | Street Address                                                      |                        |                     |
| City<br>South Jordan                                                                                                                                       | State<br>UT | Zip<br>84095                              | City                                                                | State                  | Zip                 |
| Director Name<br>None                                                                                                                                      |             |                                           | Director Name<br>None                                               |                        |                     |
| Street Address                                                                                                                                             |             |                                           | Street Address                                                      |                        |                     |
| City                                                                                                                                                       | State       | Zip                                       | City                                                                | State                  | Zip                 |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                           | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |             |                                           | ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED               |                        |                     |
|                                                                                                                                                            |             |                                           | Number of Shares<br>2,000                                           | Class/Series<br>Common | Par Value<br>No Par |
|                                                                                                                                                            |             |                                           |                                                                     |                        |                     |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature

Date

Winn Claybaugh

Print or Type Name

President

Title

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>FEB 17 2009</b> |
| By                              | <b>By 11633</b>    |
| FOR SECRETARY OF STATE USE ONLY |                    |