


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # G55126 1. Entity Name SHEAR ESSENCE, INC.	
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Principal Place of Business 3425 SOUTH 22ND AVE ST. PETERSBURG FL 33711 US	Mailing Address 3425 SOUTH 22ND AVE ST. PETERSBURG FL 33711 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2323392	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEAN, DONNA E. 3425 SOUTH 22ND AVE ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD BEAN, ALLAN W. <input type="checkbox"/> Delete 658-17TH AVE. SOUTH ST. PETERSBURG FL
NAME	VD BEAN, DONNA E. <input type="checkbox"/> Delete 658-17TH AVE. SOUTH ST. PETERSBURG FL
STREET ADDRESS	STD FRANKLIN, JULIET M. <input type="checkbox"/> Delete 1717 FREEMAN ST. SOUTH ST. PETERSBURG FL
CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Delete <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000725432 05/03/07-80022-013 150.00
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Donna E. Bean U.P. Donna E. BEAN U.P. 4/18/07 727-228-7189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone