
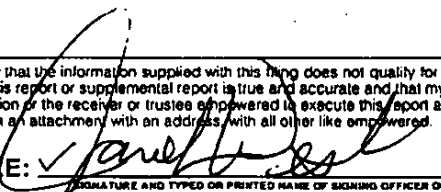


FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90337 027 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|---|---|---|---|
| DOCUMENT # L93052 | |  | |
| 1. Entity Name SHEAR EXPRESS, INC. | | | |
| Principal Place of Business 3400 SOUTHERN TRACE THE VILLAGES, FL 32162 US | | Mailing Address 2763 SADDLEBROOK CIRCLE THE VILLAGES, FL 32162 US | |
| 2. Principal Place of Business | | 3. Mailing Address 3400 Southern Trace | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State The Villages, FL | |
| Zip | Country | Zip 32162 | Country |
| | | 4. FEI Number 59-3025010 | |
| | | 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 PARKER, JOYCE 2755 SADDLEBROOK CIRCLE THE VILLAGES, FL 32162 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL 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 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, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD WEST, JANET 2775 SADDLEBROOK CIRCLE THE VILLAGES, FL 32162 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | STD PARKER, JOYCE 2755 SADDLEBROOK CIRCLE THE VILLAGES, FL 32162 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | Date: 3-17-06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |