

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M14583

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** SHEAR HAIR EXPERIENCE, INC.

**Current Principal Place of Business:**

2911 B NORTH MILITARY TRAIL  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

2911 B NORTH MILITARY TRAIL  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 59-2521953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHNEIDER, JOHN C.  
THE MONTECITO-SUITE 801  
616 CLEARWATER PARK ROAD  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

SCHNEIDER, JOHN C.  
REFLECTIONS TOWER - SUITE 300  
400 SOUTH AUSTRALIAN AVENUE  
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/13/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KINNEE, FRANCES M.  
Address: 637 HUDSON BAY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANCES M. KINNEE

P

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date