

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008554

FILED
May 10, 2005
Secretary of State

Entity Name: SHEAR EXCELLENCE INTERNATIONAL HAIR ACADEMY, INC.

Current Principal Place of Business:

2511 NORTH GRADY AVENUE
TAMPA, FL 33607

New Principal Place of Business:

7243 NORTH NEBRASKA AVENUE
TAMPA, FL 33604

Current Mailing Address:

8321 MILLWOOD DRIVE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 13-4204944 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DONALDSON, HOWELL E MR
8321 MILLWOOD DRIVE
TAMPA, FL 33615 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

Date

OFFICERS AND DIRECTORS:

Title: DIRE () Delete
Name: SMITH, PAULA MRS
Address: 13935 FLETCHERS MILL DRIVE
City-St-Zip: TAMPA, FL 33613 US

Title: DIRE () Delete
Name: ROJAS, JACQUILINE MRS
Address: 7121 N. HABANA AVENUE
City-St-Zip: TAMPA, FL 33614 US

Title: DIRE () Delete
Name: HUNTER, GRETCHEN MRS
Address: 3911 EAST DELEUIL AVENUE
City-St-Zip: TAMPA, FL 33610 US

Title: DIRE () Delete
Name: DONALDSON, ROSITA K MRS
Address: 8321 MILLWOOD DRIVE
City-St-Zip: TAMPA, FL 33615 US

Title: DIRE () Delete
Name: DONALDSON, HOWELL E MR
Address: 8321 MILLWOOD DRIVE
City-St-Zip: TAMPA, FL 33615 US

Title: DIRE () Delete
Name: VAZQUEZ, ERICA MRS
Address: 11024 STREAMSIDE DRIVE
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSITA DONALDSON

PRES

05/10/2005

Electronic Signature of Signing Officer or Director

Date