

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008554

FILED
Feb 06, 2008
Secretary of State

Entity Name: SHEAR EXCELLENCE INTERNATIONAL HAIR ACADEMY, INC.

Current Principal Place of Business:

7243 NORTH NEBRASKA AVENUE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

PO BOX 9323
TAMPA, FL 33674

New Mailing Address:

FEI Number: 13-4204944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEROSA, HELEN MISS
4339 HUDDLESTONE DRIVE
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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: VP () Delete
Name: DONALDSON, HOWELL MR.
Address: 4339 HUDDLESTONE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: DIRE () Delete
Name: HARTSFIELD, TAMELA
Address: 5304 RAVENSTHORPE DRIVE
City-St-Zip: PARKER, TX 75002 US

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

Title: PRES () Delete
Name: DONALDSON, ROSITA K MRS
Address: 4339 HUDDLESTONE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: DIRE () Delete
Name: VAZQUES, ERICA E 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:

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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 exemption stated 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 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

02/06/2008

Electronic Signature of Signing Officer or Director

Date