# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2009**
**Secretary of State**

DOCUMENT# N02000008554

**Entity Name:** SHEAR EXCELLENCE INTERNATIONAL HAIR ACADEMY, INC.

**Current Principal Place of Business:**

3649 WATERS AVE, STE 320
TAMPA, FL 33614

**New Principal Place of Business:**

3649 W. WATERS AVE, STE 320
TAMPA, FL 33614

**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 (X)**

**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:

Title: DIRE (X) Change ( ) Addition
Name: ROBINSON, GWENDOLYN MISS
Address: 4807 RIVERBOTTOM COURT
City-St-Zip: TAMPA, FL 33617 US

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 03/23/2009

Electronic Signature of Signing Officer or Director — Date