2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000020191

FILED May 04, 2006 Secretary of State

Entity Name: SHADES OF SHANDA STYLING GALLERY INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 4606 CLYDE MORRIS BLVD SUITE 1K PORT ORANGE, FL 32129 **New Mailing Address: Current Mailing Address:** 4606 CLYDE MORRIS BLVD SUITE 1K PORT ORANGE, FL 32129 FEI Number: 80-0044653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VIRGA, SHANDA RENEE 4606 CLYDE MORRIS BLVD SUITE 1K PORT ORANGE, FL 32129 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PTSD (X) Change () Addition VIRGA, SHANDA RENEE VIRGA, SHANDA RENEE Name: Name: 4606 CLYDE MORRIS BLVD SUITE 1K 4606 CLYDE MORRIS BLVD SUITE 1K Address: Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: PORT ORANGE, FL 32129 Title: () Delete Title: VΡ () Change (X) Addition VIRGA, JOSEPH M Name: Name: Address: Address: 1853 SHERALEE COURT PORT ORANGE, FL 32128 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANDA RENEE VIRGA P 05/04/2006