2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020191

FILED Mar 06, 2008 Secretary of State

Entity Name: SHADES OF SHANDA STYLING GALLERY INCORPORATED

A606 CLYDE MORRIS BLVD SUITE 1K 1K PORT ORANGE, FL 32129 Current Mailing Address: A606 CLYDE MORRIS BLVD SUITE 1K 1K PORT ORANGE, FL 32129 FEI Number: 80-0044653 FEI Number Applied For () FEI Number Not Applicab Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: VIRGA, SHANDA RENEE 4606 CLYDE MORRIS BLVD SUITE 1K 1K PORT ORANGE, FL 32129 US The above named entity submits this statement for the purpose of changing its rein the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/C Title: PTSD () Delete Name: VIRGA, SHANDA RENEE Address: 4606 CLYDE MORRIS BLVD SUITE 1K Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip:	Place of Business:
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4606 CLYDE MORRIS BLVD SUITE 1K 1K PORT ORANGE, FL 32129 US The above named entity submits this statement for the purpose of changing its rein the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/C Title: PTSD () Delete Name: VIRGA, SHANDA RENEE Address: 4606 CLYDE MORRIS BLVD SUITE 1K Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip:	dress of New Registered Agent:
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Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: PTSD () Delete Title: Name: VIRGA, SHANDA RENEE Name: Address: 4606 CLYDE MORRIS BLVD SUITE 1K Address: City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip:	
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	() Change () Addition
Title: VP () Delete Title: Name: VIRGA, JOSEPH M Name: Address: 1853 SHERALEE COURT Address: City-St-Zip: PORT ORANGE, FL 32128 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 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 03/06/2008