

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020191

FILED
Apr 20, 2009
Secretary of State

Entity Name: SHADES OF SHANDA STYLING GALLERY INCORPORATED

Current Principal Place of Business:

4606 CLYDE MORRIS BLVD SUITE 1K
1K
PORT ORANGE, FL 32129

Current Mailing Address:

4606 CLYDE MORRIS BLVD SUITE 1K
1K
PORT ORANGE, FL 32129

FEI Number: 80-0044653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

4606 CLYDE MORRIS BLVD
SUITE 1K
PORT ORANGE, FL 32129

New Mailing Address:

4606 CLYDE MORRIS BLVD
SUITE 1K
PORT ORANGE, FL 32129

Name and Address of Current Registered Agent:

VIRGA, SHANDA RENEE
4606 CLYDE MORRIS BLVD SUITE 1K
1K
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

VIRGA, SHANDA R PTSD
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: SHANDA R VIRGA

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: VIRGA, SHANDA RENEE
Address: 4606 CLYDE MORRIS BLVD SUITE 1K
City-St-Zip: PORT ORANGE, FL 32129

Title: VP () Delete
Name: VIRGA, JOSEPH M
Address: 1853 SHERALEE COURT
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: VIRGA, SHANDA R
Address: 4606 CLYDE MORRIS BLVD SUITE 1K
City-St-Zip: PORT ORANGE, FL 32129

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANDA R VIRGA

PTSD

04/20/2009

Electronic Signature of Signing Officer or Director

Date