

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021600

FILED
Feb 02, 2007
Secretary of State

Entity Name: HEAVENLY SHADES AND HANDBAGS, INC.

Current Principal Place of Business:

2250 CHAPPARAL ST
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

2250 CHAPPARAL ST
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 83-0384290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, DEOLINDA
2250 CHAPPARAL ST
NAVARRE, FL 32566 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: PHILLIPS, DEOLINDA
Address: 2250 CHAPPARAL ST
City-St-Zip: NAVARRE, FL 32566

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: CLAUD JR, ROBERT B
Address: 7252 FRANKFORT
City-St-Zip: NAVARRE, FL 32566 US

Title: SEC () Change (X) Addition
Name: LINSERMAN, STEPHANI A
Address: 201C ELM DRIVE
City-St-Zip: EGLIN AFB, FL 32542 US

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: DEOLINDA PHILLIPS

PST

02/02/2007

Electronic Signature of Signing Officer or Director

_____ Date