

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151613

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** HEAVENLY HAIR AND PHOTOGRAPHY, INC.

**Current Principal Place of Business:**

7882 SAGEBRUSH PL  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

7882 SAGEBRUSH PL  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 30-0389566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHAMBURGER, LISA  
7882 SAGEBRUSH PL  
ORLANDO, FL 32822 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHAMBURGER, LISA  
Address: 7882 SAGEBRUSH PL  
City-St-Zip: ORLANDO, FL 32822

Title: V ( ) Delete  
Name: SHAMBURGER, DEMETRIS  
Address: 7882 SAGEBRUSH PL  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

SIGNATURE: LISA SHAMBURGER

PD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date