


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90097 037 \*\*\*158.75

<b>DOCUMENT # P07000024162</b>						
<b>1. Entity Name</b> SHEAR HEAVEN, INC.-A PLACE OF BEAUTY						
<b>Principal Place of Business</b> 867 CUMBERLAND ROAD VENICE, FL 34293			<b>Mailing Address</b> 867 CUMBERLAND ROAD VENICE, FL 34293			
<b>2. Principal Place of Business - No P.O. Box #</b> 1740 E. Venice Ave.		<b>3. Mailing Address</b> 1740 E. Venice Ave.				
Suite, Apt. #, etc. Suite 12		Suite, Apt. #, etc. Suite 12				
City & State Venice, Florida		City & State Venice, Florida				
Zip 34292		Country USA		4. FEI Number 20-8482488		
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required				
<b>6. Name and Address of Current Registered Agent</b>  ZIMMERMAN, DEBRA A 867 CUMBERLAND ROAD VENICE, FL 34293			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>Debra Zimmerman</u> DATE: <u>1-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ZIMMERMAN, DEBRA A 867 CUMBERLAND ROAD VENICE, FL 34293		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HANSEN, AMBER D 1296 SKAGWAY TERRACE NORTH PORT, FL 34286		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>						
<b>SIGNATURE:</b> <u>Debra Zimmerman</u>			DATE: <u>1-7-08</u> DAYTIME PHONE: <u>(941) 234-5093</u>			