2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P08000058224

Entity Name: SHEAR FINESSE HAIR STYLING ACADEMY, INC.

Current Principal Place of Business:

14631 ZACHARY DRIVE EAST
JACKSONVILLE, FL 32218

New Principal Place of Business:

5238-2 NORWOOD AVE., GATEWAY TOWN CENTER
46-B
JACKSONVILLE, FL 32208

Current Mailing Address:

14631 ZACHARY DRIVE EAST
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 35-2342114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, YVONNE
14631 ZACHARY DRIVE EAST
JACKSONVILLE, FL 32218 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: PD ( ) Delete
Name: WILLIAMS, YVONNE CEO
Address: 14631 ZACHARY DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPSD ( ) Delete
Name: LANGLY, PAMELA
Address: 14631 ZACHARY DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD ( ) Delete
Name: WAKEFIELD, ASZLOYN
Address: 14631 ZACHARY DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD ( ) Delete
Name: WILLIAMS, LOTOYA
Address: 14631 ZACHARY DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD ( ) Delete
Name: WILLIAMS, LATORREA
Address: 14631 ZACHARY DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete
Name: NEALY, MARKEYA
Address: 14631 ZACHARY DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: YVONNE WILLIAMS PD 02/04/2009

Electronic Signature of Signing Officer or Director — Date