


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90301 034 \*\*\*150.00

<b>DOCUMENT # F0000000753</b>	
1. Entity Name <b>GIORGIO BEVERLY HILLS, INC.</b>	

Principal Place of Business <b>ATTN: TAX DIVISION ONE PROCTER &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>	Mailing Address <b>ATTN: TAX DIVISION ONE PROCTER &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>13-3407469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when instituting)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>P LANGER, H EGHAM SURREY THL 209 NW UNITED KINGDOM EG</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>V HUGHES, R.A. ONE PROCTOR &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
<b>VC JENSEN, J.K. ONE PROCTOR &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>VT GOODWIN, J. P ONE PROCTOR &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>V DALEY, CLAYTON C JR. ONE PROCTOR &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>V PEASE, RICHARD G ONE PROCTOR &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VP + Comptroller VALARIE Sheppard ONE PROCTOR &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VP + Comptroller VALARIE Sheppard ONE PROCTOR &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>V DALEY, CLAYTON C JR. ONE PROCTOR &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>V PEASE, RICHARD G ONE PROCTOR &amp; GAMBLE PLAZA CINCINNATI OH 45202</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: TE KEMEN ASS'T Secy 4/20/06 513-983-1611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR