

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001992

FILED
Apr 30, 2008
Secretary of State

Entity Name: AVEDA EXPERIENCE CENTERS INC.

Current Principal Place of Business:

7 CORPORATE CENTER DRIVE
MELVILLE, NY 117473166

New Principal Place of Business:

Current Mailing Address:

7 CORPORATE CENTER DRIVE
ATTN: TAX DEPARTMENT
MELVILLE, NY 117473166

New Mailing Address:

FEI Number: 11-3527014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: NILS CONSEIL, DOMINIQUE
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: SVCF () Delete
Name: KUNES, RICHARD
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: D () Delete
Name: BRESTLE, DANIEL J
Address: 7 CORPORATE CENTER DR.
City-St-Zip: MELVILLE, NY 11747

Title: VS () Delete
Name: MOSS, SARA
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: AS () Delete
Name: SCHWECHERL, JAMES
Address: 7 CORPORATE CENTER DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: AS () Delete
Name: CAPPELL, LISA
Address: 7 CORPORATE CENTER DR.
City-St-Zip: MELVILLE, NY 11747

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: LISA CAPPELL

AS

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date