2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# F00000001992

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:	D	(X) Change ( ) Addition
Name:	MOSS, SARA	
Address:	7 CORPORATE CENTER DRIVE	
City-St-Zip:	MELVILLE, NY 11747	
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: JAMES SCHWECHERL AS 01/29/2009

Electronic Signature of Signing Officer or Director — Date