

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000000831 1. Entity Name STILA COSMETICS, INC.	
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Principal Place of Business 7 CORPORATE CENTER CRIVE MELVILLE, NY 11747-3166	Mailing Address 7 CORPORATE CENTER CRIVE MELVILLE, NY 11747-3166
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3501646	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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9. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

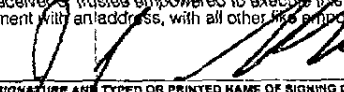
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000399109
01/31/06-80027-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCHWECHERL, JAMES 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LOBELL, JEANINE 2801 HYPERION AVE, #102 LOS ANGELES, CA 90027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD MOSS, SARA 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVDC KUNES, RICHARD W 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **James P. Schwecherl**
Assistant Secretary 1/12/2006 631-847-6326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #