2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F02000000831

1. Entity Name
STILA COSMETICS, INC.

Principal Place of Business	Mailing Address
7 CORPORATE CENTER CRIVE MELVILLE, NY 11747-3166	7 CORPORATE CENTER CRIVE MELVILLE, NY 11747-3166

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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