## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000004472

FILED Apr 28, 2006 Secretary of State

Entity Name: ELIZABETH ARDEN SALONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3822 E. UNIVERSITY DR #5 PHOENIX, AZ 85034 **Current Mailing Address: New Mailing Address:** 3822 E. UNIVERSITY DR #5 PHOENIX, AZ 85034 FEI Number: 35-1902303 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition KNUDSEN, BRENT SHABECOFF, PETER Name: Name: 3822 E. UNIVERSITY DR #5 3822 E. UNIVERSITY DR #5 Address: Address: City-St-Zip: PHOENIX, AZ 85034 City-St-Zip: PHOENIX, AZ 85034 DP Title: DΡ (X) Change ( ) Addition Title: () Delete Name: RICHARDS, JOHN Name: WALTER, TODD 3822 E. UNIVERSITY DR #5 3822 E. UNIVERSITY DR #5 Address: Address: PHOENIX, AZ 85034 PHOENIX, AZ 85034 City-St-Zip: City-St-Zip: Title: ( ) Delete (X) Change ( ) Addition DVPS Title: DVPS WATANABE, NEIL WALTER, TODD Name: Name: 3822 E. UNIVERSITY DR #5 3822 E. UNIVERSITY DR #5 Address: Address: City-St-Zip: PHOENIX, AZ 85034 City-St-Zip: PHOENIX, AZ 85034 Title: ( ) Delete Title: () Change () Addition MACKO, GABRIELA Name: Name: Address: 3822 E. UNIVERSITY DR #5 Address: City-St-Zip: City-St-Zip: PHOENIX, AZ 85034 Title: Title: () Delete ( ) Change (X) Addition Name: Name: GRAHAM, KURT Address: 3822 E. UNIVERSITY DR #5 Address: City-St-Zip: City-St-Zip: PHOENIX, AZ 85034

I hereby certify that the information supplied with this filing does not qualify for the 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: GABRIELA MACKO AS 04/28/2006