

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003198

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: ELIZABETH ARDEN RESORT SPAS, INC.

**Current Principal Place of Business:**

3822 E UNIVERSITY DRIVE SUITE 5  
PHOENIX, AZ 85034

**New Principal Place of Business:**

**Current Mailing Address:**

3822 E UNIVERSITY DRIVE SUITE 5  
PHOENIX, AZ 85034

**New Mailing Address:**

FEI Number: 86-0958341      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: C ( ) Delete  
Name: SHABECOFF, PETER  
Address: 3822 E UNIVERSITY DRIVE SUITE 5  
City-St-Zip: PHOENIX, AZ 85034

Title: VPS ( ) Delete  
Name: WALTER, TODD  
Address: 3822 E UNIVERSITY DRIVE SUITE 5  
City-St-Zip: PHOENIX, AZ 85034

Title: V ( ) Delete  
Name: KOENIG, BRIAN  
Address: 3822 E UNIVERSITY DRIVE SUITE 5  
City-St-Zip: PHOENIX, AZ 85034

Title: S ( ) Delete  
Name: MACKO, GABRIELA  
Address: 3822 E UNIVERSITY DRIVE SUITE 5  
City-St-Zip: PHOENIX, AZ 85034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: GERSTEN, RICH  
Address: 3822 E UNIVERSITY DRIVE SUITE 5  
City-St-Zip: PHOENIX, AZ 85034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: WHITE, LAWRENCE K  
Address: 3822 E UNIVERSITY DRIVE SUITE 5  
City-St-Zip: PHOENIX, AZ 85034

Title: AS (X) Change ( ) Addition  
Name: MACKO, GABRIELA  
Address: 3822 E UNIVERSITY DRIVE SUITE 5  
City-St-Zip: PHOENIX, AZ 85034

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: GABRIELA MACKO

AS

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date