2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000006815

1. Entity Name

BARÉ ESCENTUALS BEAUTY, INC.



Principal Place of Business

71 STEVENSON STREET

22ND FLOOR

SAN FRANCISCO, CA 94105

Mailing Address

71 STEVENSON STREET 22ND FLOOR

SAN FRANCISCO, CA 94105

FILED Jan 22, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-3327073

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 DO NOT WRITE IN THIS SPACE

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_

Signature, typed or printed name of registered agent and little if applicable,

(NOTE: Registered Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

 Election Campaign Financing-Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE JONES, ROSS M NAME 71 STEVENSON STREET 22ND FLOOR STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, CA 94105 TITLE HANSEN, JOHN NAME STREET ADDRESS 71 STEVENSON STREET 22ND FLOOR SAN FRANCISCO, CA 94105 CITY-ST-ZIP BLODGETT, LESLIE A NAME STREET ADDRESS 71 STEVENSON STREET 22ND FLOOR CITY-ST-ZIP SAN FRANCISCO, CA 94105 TITLE NAME MCCORMICK, MYLES 71 STEVENSON STREET 22ND FLOOR STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, CA 94105 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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 inustee 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:

NAME STREET ADDRESS CITY-ST-ZIP



1/11/08

415-489-5000

Date