2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000702

Entity Name: BEAUTY ALLIANCE INC.

FILED Jun 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
C/O L'OREAL USA, INC. ATTN: LEGAL DEPT 575 FIFTH AVENUE NEW YORK, NY 10022					
Current Mailing Address:			New Mailing Address:		
C/O L'OREAL USA, INC. ATTN: LEGAL DEPT 575 FIFTH AVENUE NEW YORK, NY 10022					
FEI Number: 9	91-2062018	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:					
01011/11011		c Signature of Registered Agent		 Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	DCEO () I ATTAL, LAUREN 575 FIFTH AVE NEW YORK, NY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DEVP () [DOLDEN, ROGE 575 FIFTH AVE NEW YORK, NY		Title: Name: Address: City-St-Zip:	DEVP (X) Change () Addition DOLDEN, ROGER 575 FIFTH AVE NEW YORK, NY 10022	
Title: Name: Address: City-St-Zip:	DSVP ()[SULLIVAN, JOHN 575 FIFTH AVE NEW YORK, NY		Title: Name: Address: City-St-Zip:	VPSE (X) Change () Addition SARAKATSANNIS, THOMAS 575 FIFTH AVE NEW YORK, NY 10022	
Title: Name: Address: City-St-Zip:	P () CHEEK, JAMES 575 FIFTH AVE NEW YORK, NY		Title: Name: Address: City-St-Zip:	P (X) Change () Addition CHEEK, JAMES D 1901 ULMERTON RD CLEARWATER, FL 33762	
Title: Name: Address: City-St-Zip:	SVPT () I GEIGER, HOWA 575 FIFTH AVE NEW YORK, NY		Title: Name: Address: City-St-Zip:	SVP (X) Change () Addition RABINOWITZ, ROY 133 TERMINAL AVE CLARK, NJ 07066	
Title: Name: Address: City-St-Zip:	SVP () I LEGRAIN, ARNA 575 FIFTH AVE NEW YORK, NY		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROY RABINOWITZ SVP 06/26/2009