

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90138 026 ***150.00

DOCUMENT # F94000004662

1. Entity Name

CAREWELL INDUSTRIES, INC.



Principal Place of Business

P.O. BOX 7016
DOVER, DE 19903-1516

Mailing Address

P.O. BOX 7016
DOVER, DE 19903-1516



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number

11-2967533

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ILASND ROAD
PLANTATION, FL 33324

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE D
NAME HAAS, ROBERT B
STREET ADDRESS 300 CRESCENT CT, SUITE 1700
CITY-ST-ZIP DALLAS, TX 75201

TITLE D
NAME WHEAT, DOUGLAS D
STREET ADDRESS 300 CRESCENT CT, SUITE 1700
CITY-ST-ZIP DALLAS, TX 75201

TITLE DCEO
NAME DEFEQ, NEIL P
STREET ADDRESS 300 NYLA FARMS ROAD
CITY-ST-ZIP WESTPORT, CT 06880

TITLE VPCC
NAME MCCOLGAN, JOHN J
STREET ADDRESS 50 N DUPONT HIGHWAY
CITY-ST-ZIP DOVER, DE 19901

TITLE V
NAME KELLEY, KRIS
STREET ADDRESS 300 NYALA FARMS ROAD
CITY-ST-ZIP WESTPORT, CT 06880

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. McColgan

VP Finance & Treasurer 3/30/06 (302) 67

Date

Daytime Phone #

6000

Playtex

ATTACHMENT

Playtex Products, Inc.

Grant C. Burr
Director, Taxes
302 678-6884
302 678-6224 (fax)

50 North DuPont Highway
Post Office Box 7016
Dover, Delaware 19903-1516

40243901
#F94000004662

March 31, 2006

Florida Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

**RE: CAREWELL INDUSTRIES, INC.
CORPORATION ANNUAL REPORT - 2006
FEIN 11-2967533**

Dear Madam or Sir:

Enclosed is our 2006 Corporation Annual Report, along with our check in the amount of \$150.00 in payment of the filing fee.

Kindly acknowledge receipt of this form and our check by placing your official stamp on the enclosed copy of this letter. An addressed-stamped envelope is provided for your convenience in returning the receipt.

Very truly yours,


Grant C. Burr

GCB:nm
Enclosures