

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002299

FILED
Apr 14, 2006
Secretary of State

Entity Name: NU SKIN ENTERPRISES UNITED STATES, INC.

Current Principal Place of Business:

75 WEST CENTER STREET
PROVO, UT 84601

New Principal Place of Business:

Current Mailing Address:

75 WEST CENTER STREET
PROVO, UT 84601

New Mailing Address:

FEI Number: 87-0627049

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: D () Delete
Name: HUNT, TRUMAN
Address: 75 W CENTER STREET
City-St-Zip: PROVO, UT 84601

Title: P () Delete
Name: SCHWEDT, SCOTT
Address: 75 W CENTER STREET
City-St-Zip: PROVO, UT 84601

Title: D () Delete
Name: WOOD, RITCH
Address: 75 W CENTER STREET
City-St-Zip: PROVO, UT 84601

Title: CFOV () Delete
Name: WOOD, RICH
Address: 75 W CENTER ST
City-St-Zip: PROVO, UT 84601

Title: S () Delete
Name: DORNY, MATTHEW
Address: 75 W CENTER ST
City-St-Zip: PROVO, UT 84601

Title: GM () Delete
Name: SCHWERDT, SCOTT
Address: 75 W CENTER ST
City-St-Zip: PROVO, UT 84601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: MATTHEW DORNY

S

04/14/2006

Electronic Signature of Signing Officer or Director

Date