2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L05000086980

Entity Name: NSW COSMETICS, LLC

Current Principal Place of Business:

6305 BAY CLUB DRIVE
#4
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6305 BAY CLUB DRIVE
#4
FORT LAUDERDALE, FL 33308

New Mailing Address:

102 NE 2ND STREET
#141
BOCA RATON, FL 33432

FEI Number: 20-3409329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, ERIKA J
6305 BAY CLUB DRIVE
#4
FORT LAUDERDALE, FL 33308 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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DAVIS, ERIKA J	
Address:	6305 BAY CLUB DRIVE #4	
City-St-Zip:	FORT LAUDERDALE, FL 33308 US	
Title:	MGRM	( ) Delete
Name:	LEDGERWOOD, PAIGE V	
Address:	295 NE 5TH AVENUE #26	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	MGRM	(X) Delete
Name:	EOSSO, NAZIA	
Address:	10902 NW 46 DRIVE	
City-St-Zip:	CORAL SPRINGS, FL 33076	

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ERIKA DAVIS MGRM 04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date