## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M02000000128

Entity Name: ADVANCED BODYCARE SOLUTIONS, LLC

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
SUITE 410	ILITARY TRAIL ) TON, FL 33431					
Current Mailing Address:			New Mailing Address:			
SUITE 410	ILITARY TRAIL ) TON, FL 33431					
FEI Number:	El Number: 04-3572917 FEI Number Applied For ( )		FEI Number Not Applicable ( )		Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
SUITE 410	LITARY TRAIL	US				
The above in the State	named entity s e of Florida.	ubmits this statement for the p	purpose of changing i	ts registered	office or registered agent, or both	
SIGNATUR						
	Electroni	c Signature of Registered Ag	ent		Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	GELLER, BETH	Delete Y TRAIL, SUITE 410 L 33431	Title: Name: Address: City-St-Zip:	MGRM GRILLO, VIC 14 DOE SKIN FRAMINGHA	I DRIVE	
Title: Name: Address: City-St-Zip:	PRADELLI, CAR	Y TRAIL, SUITE 410	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	STEPHEN, P 90 KERRY P		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VINCENT, DE 10 ROCKEFE	( ) Change (X) Addition EGIAIMO ELLER PLAZA NY 10020 US	

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: BETH M GELLER SVP 04/18/2006