2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006
Secretary of State

DOCUMENT# M04000004447

Entity Name: FACE LIFT COSMETICS LLC

Current Principal Place of Business:

1802 NORTH CARSON ST.
SUITE 212
CARSON CITY, NV 89701

New Principal Place of Business:

Current Mailing Address:

1802 NORTH CARSON ST.
SUITE 212
CARSON CITY, NV 89701

New Mailing Address:

FEI Number: 43-2858036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BRYANT, LISA MARIE
1238 WASHINGTON AVE.
MIAMI BEACH, FL 33139 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: MGR ( ) Delete
Name: SHPHERD, LIDIA M
Address: 1602 ALTON RD #424
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR ( ) Delete
Name: SHPHERD, LUISA R
Address: 1602 ALTON RD #424
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SHEPHERD, LIDIA M
Address: 1602 ALTON RD #424
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR (X) Change ( ) Addition
Name: SHEPHERD, LUIS R
Address: 1602 ALTON RD #424
City-St-Zip: MIAMI BEACH, FL 33139

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: LIDIA M SHEPHERD MGR 07/14/2006

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