


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90038 042 ***150.00

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| DOCUMENT # P03000008274 |  |
| 1. Entity Name DORIANNE COSMETICS, INC. | |

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| Principal Place of Business 20555 SOUTH CHARLESTON BOCA RATON, FL 33434 | Mailing Address 20555 SOUTH CHARLESTON BOCA RATON, FL 33434 |
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| 2. Principal Place of Business 905 BRIDGEWOOD PLACE | 3. Mailing Address 905 BRIDGEWOOD PLACE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------------|---------------------------------------|
| City & State BOCA RATON, FL | City & State BOCA RATON, FL |
| Zip 33434 | Country |



01142006 Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 11-3673355 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent |
| ROSEN, BETH 20555 SOUTH CHARLESTON BOCA RATON, FL 33434 |

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| 7. Name and Address of New Registered Agent |
| Name BETH ROSEN |
| Street Address (P.O. Box Number is Not Acceptable) 905 BRIDGEWOOD PLACE |
| City BOCA RATON FL Zip Code 33434 |

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:  **BETH ROSEN** DATE: **X 1/19/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ROSEN, BETH 20555 SOUTH CHARLESTON BOCA RATON, FL 33434 905 Bridgewood Pl, <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ROSEN, BETH 905 BRIDGEWOOD PLACE BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **BETH ROSEN** DATE: **X 1/19/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR