

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173610

Entity Name: STYLESCIENCE, INC.

FILED
Jun 01, 2006
Secretary of State

Current Principal Place of Business:

2 SUNSHINE BLVD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

2 SUNSHINE BLVD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-2172845

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: P () Delete
Name: ASCIK, MARK A
Address: 253 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: V () Delete
Name: LANDORF, C. DUKE
Address: 23 FOXFORDS CHASE
City-St-Zip: ORMOND BEACH, FL 32174

Title: V (X) Delete
Name: GRINDLE, DON W
Address: 1500 NORTH BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: ASCIK, STEVE
Address: 90 GOLFVIEW LANE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ASCIK, MARK A
Address: 2 SUNSHINE BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: V (X) Change () Addition
Name: LANDORF, C. DUKE
Address: 2 SUNSHINE BLVD
City-St-Zip: ORMOND BEACH, FL 32174

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: C DUKE LANDORF

VP

06/01/2006

Electronic Signature of Signing Officer or Director

Date