2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000106507

Entity Name: CORLIN COSMETICS INC

Current Principal Place of Business:

6453 W. ROGERS CIRCLE
BOCA RATON, FL 33487

New Principal Place of Business:

6453 W. ROGERS CIRCLE N7
BOCA RATON, FL 33487

Current Mailing Address:

6453 W. ROGERS CIRCLE
BOCA RATON, FL 33487

New Mailing Address:

6453 W. ROGERS CIRCLE N7
BOCA RATON, FL 33487

FEI Number: 26-3823083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARTZ, ARNOLD
6453 W. ROGERS CIRCLE
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

SCHWARTZ, ARNOLD
6453 W. ROGERS CIRCLE N7
BOCA RATON, FL 33487 US

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: 04/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHWARTZ, ARNOLD
Address: 6453 W. ROGERS CIRCLE
City-St-Zip: BOCA RATON, FL 33487

Title: SD ( ) Delete
Name: LESKY, KIMBERLY A
Address: 6453 W. ROGERS CIRCLE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHWARTZ, ARNOLD
Address: 6453 W. ROGERS CIRCLE N7
City-St-Zip: BOCA RATON, FL 33487

Title: SD (X) Change ( ) Addition
Name: LESKY, KIMBERLY A
Address: 6453 W. ROGERS CIRCLE N7
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLY A LESKY SD 04/29/2009
Electronic Signature of Signing Officer or Director — Date