2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Secretary of State 02-13-2006 90011 013 ***150.00 DOCUMENT # P99000062920 PERFUMERY NILY, INC. Mailing Address Principal Place of Business 60014714 6100 HOLLYWOOD BLVD STE 407 6100 HOLLYWOOD BLVD STE 407 HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 CR2E034 (11/05) 01192006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0939653 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TANEY, DAVID DO NOT WRITE 6100 HOLLYWOOD BLVD **SUITE 407** IN THIS SPACE HOLLYWOOD, FL 33027 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. Signature, typed or printed name of registered agent and title if epplicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPTS TITLE FALIC, NILY NAME STREET ADDRESS 6100 HOLLYWOOD BLVD STE 407 HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-7IP NAME STREET ADDRESS

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 thue and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver of 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.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 13, 2006 8:00 am