


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90173 048 ***150.00

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DOCUMENT # F01000002360					
1. Entity Name M.A.C. COSMETICS INC.					
Principal Place of Business 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747-3166			Mailing Address 7 CORPORATE CENTER DRIVE MELVILLE, NY 11747-3166		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01052006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 11-3581776 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMSEY, JOHN		NAME		
STREET ADDRESS	7 CORPORATE CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUNES, RICHARD W		NAME		
STREET ADDRESS	7 CORPORATE CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAVANAUGH, ANDREW J		NAME	<i>UP / TREASURER</i>	
STREET ADDRESS	7 CORPORATE CENTER DRIVE		STREET ADDRESS	<i>TERENCE STACK</i>	
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP	<i>7 CORPORATE CENTER DRIVE</i>	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOSS, SARA		NAME		
STREET ADDRESS	7 CORPORATE CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	AS ^w	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHACHERL, JAMES		NAME	<i>SCHWECHERL, JAMES</i>	
STREET ADDRESS	7 CORPORATE CENTER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIBIAN, GERALD Z		NAME	<i>ASSISTANT SECRETARY</i>	
STREET ADDRESS	7 CORPORATE CENTER DRIVE		STREET ADDRESS	<i>LISA CAPPELL</i>	
CITY-ST-ZIP	MELVILLE, NY 11747		CITY-ST-ZIP	<i>7 CORPORATE CENTER DRIVE</i>	
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: _____			James P. Schwecherl Assistant Secretary 1/6/06 631-847.6326		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		