
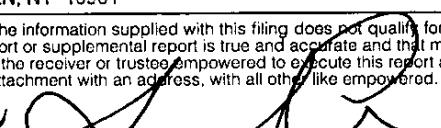


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90027 017 ***158.75

DOCUMENT # 858509 1. Entity Name THE DRESS BARN, INC.			
Principal Place of Business 30 DUNNIGAN DR SUFFERN, NY 10901 US		Mailing Address 30 DUNNIGAN DR ATTN: TAX DEPT. SUFFERN, NY 10901 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 30 DUNNIGAN DRIVE ATTN: TAX DEPT.	
City & State _____		City & State SUFFERN, NY	
Zip _____	Country _____	Zip 10901	Country ROCKLAND
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP CD JAFTE, ELLOT S. 30 DUNNIGAN DR. SUFFERN, NY 10901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP PD JAFTE, DAVID 30 DUNNIGAN DRIVE SUFFERN, NY 10901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP SRVP CORREIA, ARMAND 30 DUNNIGAN DR SUFFERN, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D BUGGEL, KATE 30 DUNNIGAN DRIVE SUFFERN, NY 10901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP STD JAFTE, ROSLYN WESTOVER PARK STAMFORD, CT	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D RANDY PEARCE 30 DUNNIGAN DRIVE SUFFERN, NY 10901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D STEINBURG, BURT 30 DUNNIGAN DR. SUFFERN, NY 10901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP D LISDAN, JOHN 30 DUNNIGAN DRIVE SUFFERN, NY 10901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP D EPPLER, KLAUS 30 DUNNIGAN DR SUFFERN, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP HACKNEY, REID 30 DUNNIGAN DR SUFFERN, NY 10901	<input type="checkbox"/> Delete	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: 		3/21/2007 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARMAND CORREIA SRVP		Daytime Phone # _____	