


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 433304**  
 1. Entity Name  
**FAY POTTER UNDERFASHIONS, INC.**



Principal Place of Business      Mailing Address  
**95-31 HARDING AVE.**      **95-31 HARDING AVE.**  
**SURFSIDE, FL 33154-2501**      **SURFSIDE, FL 33154-2501 US**



03132006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1487192**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GEWIRTZ, ARNOLD**  
**95-31 HARDING AVE.**  
**SURFSIDE, FL 33154-2501**

**DO NOT WRITE IN THIS SPACE**

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 file if applicable      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.            **\$5.00** May Be Added to Fees

000000469843  
 03/27/06-80018-006 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	CPTS
NAME	GEWIRTZ, ARNOLD
STREET ADDRESS	95-31 HARDING AVE.
CITY-ST-ZIP	SURFSIDE, FL 331542501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Arnold Gewirtz*      **ARNOLD GEWIRTZ**      3/13/06      305-865-4970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #